


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **P96000083370 (2)**

1. Corporation Name
PREMIER REALTY ASSOCIATES, INC.



Principal Place of Business 1300 ENTERPRISE DRIVE, SUITE D PORT CHARLOTTE FL 33953	Mailing Address 1300 ENTERPRISE DRIVE, SUITE D PORT CHARLOTTE FL 33953-3843
--	---

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/09/1996	3a. Date of Last Report
21 9381 Klamath Falls	26 9381 Klamath Falls	4. FEI Number 65-0706611		Applied For Not Applicable	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Englewood FL	28 Englewood FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 34224	25 Country	29 34224		30 Country	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name Sharon Schoonbeck	85 Zip Code 34224
82 Street Address (P.O. Box Number is Not Acceptable) 9381 Klamath Falls Avenue	
83	
84 City Englewood FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Sharon Schoonbeck* DATE **4/28/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAUNCE, ARLENE M	1.2 NAME	
STREET ADDRESS	1300 ENTERPRISE DRIVE, SUITE D	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33953	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	PSTD
STREET ADDRESS		2.3 STREET ADDRESS	TASSO, ALYCE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	1049 HARBOUR CAFE PLACE
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	PUNTA GORDA FL 33983
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alyce Tasso* **REQUIRED**

April 28, 1997 (941) 764-1516

CR2E034 (9/96)