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FILED

Apr 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

~~9381 KLAMATH FALLS~~
~~ENGLEWOOD FL 34224~~
~~US~~

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~~ENGLEWOOD FL 34224~~
~~US~~



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1996

4. FEI Number

65-0706611

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1777 Tamiami Trail

26 1777 Tamiami Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 5000

27 Suite 5000

City & State

City & State

23 Pt. Charlotte, FL

28 Pt. Charlotte, FL

Zip

Country

Zip

Country

24 33948

25 USA

29 33948

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~SCHOONBECK, CHARON~~
~~9381 KLAMATH FALLS AVE~~
~~ENGLEWOOD FL 34224~~

81 Name

Barbara L. Kameck

82 Street Address (P.O. Box Number is Not Applicable)

Premier Realty Associates, Inc.

83

1777 Tamiami Trail, Suite 5000

84 City

Pt. Charlotte

FL

85 Zip Code

33948

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

Barbara L. Kameck, Reg. Agent

3/19/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD
NAME ~~TASSO, ALICE~~
STREET ADDRESS ~~1049 HARBOUR CAPE PLACE~~
CITY-ST-ZIP ~~PUNTA GORDA FL~~

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I 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: *Barbara L. Kameck, President* 3/19/98 (941) 627-3330

CR2E034 (10/97)