5-11-98 6-7673 -C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000098051 (1)

PREMIER MARKETING SERVICES, CORP.

Principal Place of Business

Mailing Address

3257 COMMECIAL WAY SPRING HILL FL 34808

SIGNATURE:

3257 COMMECIAL WAY

FILED May 11 1998 8:00am Secretary of State



SPRING HILL FL 34806 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 12/02/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 3257 Commecial 3257 COMMECIAL WAY 59-3409408 Not Applicable \$8.75 Additional Ø 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ROSENGARTEN, PAUL R 5318 SANDRA DRIVE Street Address (P.O. Box Number is Not Acceptable) SPRING HILL FL 34607 City Zip Code ons of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered int, 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 SIGNATURE te fregistered as it and title if applice DEFICERS AND DIRECTORS en reinstating) 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change 1.1 TITLE Addition ROSENGARTEN, PAUL R NAME 1.2 NAME 5318 SANDRA DR STREET ADDRESS 1.3 STREET ADDRESS SPRINGHILL FL CITY-ST-ZIP 1.4 City-St-ZiP TITLE DELETE 21 TITLE Change Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY+ST-ZIP 14. I hereby certify that the information supplied indicated on this ennual report or supplier officer or director of the corporation or the reblock 12 or Block 13 if changes or or an all police with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information plemental 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in