

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

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May 23 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 # P96000099170 (8)

1. Corporation Name
PREMIER PLAYERS ENTERPRISES, INC.

Principal Place of Business

5520 GUNN HWY
UNIT 813
TAMPA FL 33624

Mailing Address

5520 GUNN HWY
UNIT 813
TAMPA FL 33624-2844



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 3808 Cypress Meadow Rd.		26 3808 Cypress Meadow Rd.		12/06/1996		12/06/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		☒ Applied For ☐ Not Applicable	
22		27		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23 City & State Tampa FL		28 City & State Tampa, FL		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
24 Zip 33624		25 Country Hillsbr.		29 Zip 33624		30 Country Hillsbr.	
26		31		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

WHITE, MICHAEL T
5520 GUNN HWY
UNIT 813
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name Carnell Moore
82 Street Address (P.O. Box Number is Not Acceptable)
3808 Cypress Meadow Road
83
84 City Tampa FL 85 Zip Code 33624

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 *Carnell Moore*, CARNELL MOORE, Pres. 5-2/97
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	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WHITE, MICHAEL T	1.2 NAME	
STREET ADDRESS	5520 GUNN HWY UNIT 813	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, CARNELL	2.2 NAME	
STREET ADDRESS	3808 CYPRESS MEADOW RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33612	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	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		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 *Carnell Moore* 5/2/97 813
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

CR2E034 (9/96)