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

PROFIT CORPORATION ANNUAL REPORT

1998



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Jul 06 1998 8:00am Secretary of State

1, Corporatio	ed ės premier homes, in			
Principal Plac	ce of B usiness	Mailing Address		***************************************
6767 N. WICKHAM ROAD SUITE 500 MELBOURNE FL 32940		6767 N. WICKHAM ROAD		
		SUITE 500 Melbourne Fl 32940		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				02/04/1997
—	Place of Business	2a. Mailing Address		4. FEI Number 59 -3517564 Applied For Not Applied
Suite, Apt	# Bto	Suite Apt. #, etc.		
22 Suite, Apr	#, e (C)	27. Suite: Apr. #, etc.		5. Certificate of Status Desired See Required
City & Stal	le	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25		30	Personal Property Tax due June 30. 🔲 Yes 🔲 No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent
	ALLACE, JAMES H		81 Name	Keith Buescher
	100 S. HICKORY STREET		82 Street	el Address (P.O. Box Number is Not Acceptable)
IM,	ELBOURNE FL 32901		83	6767 N. Wickham Road, Suite 500
	•		[65]	
			84 City	Melbourne FL 85 Zip Code 329/0
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508. Florida Statutes	the above-name	ed corporation submits this statement for the purpose of changing its registere
office or i	registored agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was au	thorized by the cor	orporation's board of directors. I hereby accept the appointment as registered
1	H A B	prisons or, accion too toass, i for	Wa Sialules.	Eith Bussiler 4/29/98
SIGNATURE	Signature, typed or printed name of registered ag	emi and title if applicable (NOTE:	Registered Agent signatur	ore required when reinstating) DATE
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		☐ DEFETE	1.1 TOLE	DP Change X Addition
NAME			1.2 NAME	Keith Buescher 812 Oak Park Drive
STREET ADDRESS			1.3 STREET ADDRESS	
CHY-ST-ZIP		DELETE	1.4 CITY - ST - ZIP	Melbourne, FL 32940
TITLE		L_J DELETE	21 TITLE	- X
NAME CIRPET ADDOCCO	\$		2.2 NAME 2.3 STREET ADDRESS	Scott Buescher
STREET ADDRESS CITY-ST-ZIP			2 4 CITY-ST-ZIP	743 Glengarry Drive Melbourne, FL 32940
TITLE	-	DELETE	3 1 TITLE	D Change X Addition
NAME			3.2 NAME	Susan Girard
STREET ADDRESS			3.3 STREET ADDRESS	000 0 1 7 1 7 1
CłTY - ST - ZIP			3.4. CITY - ST - ZIP	Melbourne, FL 32940
TITLE		DELETE	4.1 TITLE	D Change X Addition
NAME '			4.2 NAME	Linda Swain
STREET ADDRESS			4.3 STREE1 ADDRESS	
CITY-ST-ZIP			4.4 CITY - \$1 - ZIP	Debarry, FL 32713
TITLE	:	DELETE	5.1 THLE	S Change Addition
NAME			5.2 NAME	Ronald Yelland
STREET ADDRESS			5.3 STREET ADDRESS	15520 GICSWICK CITCIC
CITY-ST-ZIP		DELETE	5 4 CHTY - ST - ZIP	Orlando, FL
TITLE		☐ DELETE	61 TITLE	T Change K Addition
NAME CTOSCT ADDRESS			6.2 NAME	Robert M. Kush
STREET ADDRESS			6.3 STREET ADDRESS	OST OUR THE DELVE
14. hereby	Certify that the information supplied w	vith this filing does not qualify for	the exemption stat	Mel bourne, FI. 32940 ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information
Indicated	i on t his annual reportator supplement:	al annual report is true and accur	rate and that my si	signature shall have the same legal effect as if made under oath; that I am an as required by Chapter 607, Florida Statutes; and that als name appears in

pg. 2

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