


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

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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90006 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000030539			
1. Corporation Name PREMIER INCOME PROPERTIES, INC.			
Principal Place of Business 9200 BONITA BEACH ROAD SUITE 201 BONITA SPRINGS FL 34135		Mailing Address 9200 BONITA BEACH ROAD SUITE 201 BONITA SPRINGS FL 34135	
2. Principal Place of Business 21 13451 McGregor Blvd Suite, Apt. #, etc. 22 Suite # 31 City & State 23 Ft. Myers, FL Zip 24 33919		2a. Mailing Address 26 13451 McGregor Blvd. Suite, Apt. #, etc. 27 Suite # 31 City & State 28 Ft. Myers, FL Zip 29 33919 Country 30 USA	
3. Date Incorporated or Qualified 04/04/1997			
4. FEI Number 59-3440242			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent WILLIAMS, THOMAS A 405 TRADEWINDS AVE NAPLES FL 34108		10. Name and Address of New Registered Agent	
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.		12. OFFICERS AND DIRECTORS 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 CITY-ST-ZIP 1.6 CITY-ST-ZIP 1.7 CITY-ST-ZIP 1.8 CITY-ST-ZIP 1.9 CITY-ST-ZIP 1.10 CITY-ST-ZIP	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 CITY-ST-ZIP 1.6 CITY-ST-ZIP 1.7 CITY-ST-ZIP 1.8 CITY-ST-ZIP 1.9 CITY-ST-ZIP 1.10 CITY-ST-ZIP		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, with all other like empowered.	



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)

SIGNATURE: Thomas A Williams SECRETARY OF STATE Thomas A Williams 4-26-99 941/466-5420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #