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

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000036814 (6)**

PREMIER INTERNATIONAL SERVICES, INC.

Pri	incinal Place	of Business		Mailir	g Address						
9	OI WOODST	EAD LANE	•	301	301 WOODSTEAD LANE LONGWOOD FL 32778				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
2. Principal Place of Business					28. Mailing Address				04/24/1997 4. FEI Number Applied For		
21	21			26	26				59-3448548 Not Applicable		
22	Suite, Apt. #, etc.			27 St	Suite, Apt. #, etc.			<u>-</u>	5. Certificate of Status Desired See Required Fee Required		
23	City & State	28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
i	Zip	-	Country	Zi _l	D	├ ──┐	untry		8. This corporation owes or has paid the current year Intangible		
24			25	29		30			Personal Property Tax due June 30. Yes No		
Name and Address of Current Registered Agent MATHIS, JACINTA 1M							81	Name	10. Name and Address of New Registered Agent		
5979 VINELAND ROAD SUITE 300 ORLANDO FL 32819							82 83 84	City	Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code		
11	Pursuant to office or reagent. I are	to the provision e giste red age on fami liar with	ons of Sections 607.0 ont, or both, in the St n, and accept the ob	0502 and 607. ate of Florida digations of Se	1508, Florida Statu Such change was ection 607.0505, Fl	tes, the a authorize lorida Sta	bove d by tutes	e-named co the corpo	orporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered		
SIG	GNATURE	Signature, typed o	x printed name of registmed	agent and title if ap	plicable (NO	lf: Hegistor	od Ago	nt signature re	rquired when reinslating) DATE		
12	OFFICERS AND DIRECTORS 1				13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITL	LE	DELETE 1.		1.1 1	ITLE		Change Addition				
NAME			MATTIS, CLIVE				1.2 NAME				
STREET ADDRESS							1.3 STREET ADDRESS				
CITY-ST-ZIP		LONGWOOD FL 32779					1.4 CITY-ST-ZIP				
TITL	Æ			2.1 1	2.1 TITLE		Change Addition				
NAM	VÆ	MATTIS, NOVLET			2.		2.2 NAME				
STREET ADDRESS					2.33		3 STREET ADDRESS				
CITY-ST-Z#P		LONGWOOD FL 32779					. 4 CITY-ST-ZIP				
TITE	LE	☐ DELETE		3.1 1	3.1 TITLE		☐ Change ☐ Addition				
NAN	ME					3.2 N	IAME		,		
STR	EET ADDRESS					3.3 5	TREET	ADDRESS			
CIT	Y-ST-7IP					34	OITY-S	T-7/P	· ·		

64 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 of the receiver or trusted 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.

4. 2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY - ST- ZIP

5.4 CITY-ST-ZIP

DELETE

DELETE

DELETE

n/22/00 (00 0 2777-734

Change

Change

Change

☐ Addition

Addition

Addition (

FILED

Apr 22 1998 8:00am

Secretary of State