

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).



0087382

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**

98 OCT 19 AM 10:01

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**DOCUMENT # P97000080576 (6)**  
 1. Corporation Name **PREMIER PROPERTY INVESTMENTS, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business 1230 S. MYRTLE AVE., SUITE 401 CLEARWATER FL 33756	Mailing Address 1230 S. MYRTLE AVE., SUITE 401 CLEARWATER FL 33756
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3. Date Incorporated or Qualified  
**09/15/1997**

21. Principal Place of Business <b>308</b>	2a. Mailing Address <b>308</b>
22. Suite/Apt. #, etc. <b>611 DRUID RD E</b>	27. Suite/Apt. #, etc. <b>611 DRUID RD E</b>
23. City & State <b>CLEARWATER, FL</b>	28. City & State <b>CLEARWATER</b>
24. Zip <b>33756</b>	25. Country <b>Pinellas</b>
29. Zip <b>33756</b>	30. Country <b>Pinellas</b>

4. FEI Number <b>59-3470708</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**HAMDEN H. BASKIN, III, P.A.**  
**516 N. FT. HARRISON AVE.**  
**CLEARWATER FL 33755**  
*WRONG?*

10. Name and Address of New Registered Agent

81 Name	<b>JAMES R STRANDLOF</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>611 DRUID RD Suite 308</b>
83 City	<b>CLEARWATER</b>
84 State	<b>FL</b>
85 Zip	<b>33756</b>

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 *James R Strandlof* **JAMES R STRANDLOF** DATE **9-25-98**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>COURNOYER, DEBORAH S</b>	
STREET ADDRESS	<b>1545 EXCALIBER DRIVE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33764</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>STRANDLOF, JAMES R</b>	
STREET ADDRESS	<b>1540 EXCALIBER DRIVE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33764</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>700002672907 2</b>
2.3 STREET ADDRESS	<b>-10/26/98--01116--006</b>
2.4 CITY-ST-ZIP	<b>***150.00 ***150.00</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

*TS 10/22 98 AM*

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.

SIGNATURE: *James R Strandlof* **JAMES R STRANDLOF** DATE **9-25-98**

CR2E034 (5/98)

(2)

09/25/98

DIVISION OF CORPORATIONS  
PO BOX 6327  
Tallahassee, FL 32314

To whom it may concern:

I had called your office in regards to the 2nd notice letter I received from you.  
This is the first notice our office has seen, this is also the 1st complete year our company has been in  
business.

I was told to write a check for \$150.00 and mail with this letter to the above address.  
If you have any questions please call me:

James R Strandlof  
(727) 443-0055  
611 Druid Road E Suite 308  
Clearwater, FL 33756-3919