

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000012610

1. Corporation Name

PREMIER PARTIES ENTERTAINMENT, INC.

Principal Place of Business

603 NORTHWEST 9TH AVENUE  
GAINESVILLE FL 32601

Mailing Address

603 NORTHWEST 9TH AVENUE  
GAINESVILLE FL 32601

2. Principal Place of Business

21 238 West University Avenue

Suite, Apt. #, etc.

22 Suite A1

City & State

23 Gainesville, FL

Zip Country

24 32601

25 USA

2a. Mailing Address

26 1726 SW 42nd Ave

Suite, Apt. #, etc.

27

City & State

28 Gainesville, FL

Zip

29 32608

Country

30 USA

9. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

02/09/1998

4. FEI Number

59-3493084

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name Eric Manin

82 Street Address (P.O. Box Number is Not Acceptable)

1726 SW 42nd Avenue

83

84

City Gainesville

-02/05/99-01112-005

FL 32608

\*\*\*\*150.00 \*\*\*\*150.00

400002766524--5

-02/05/99-01112-006

\*\*\*\*150.00 \*\*\*\*150.00

400002766524--5

-02/05/99-01112-006

\*\*\*\*150.00 \*\*\*\*150.00

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 agent 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

Eric Manin

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE

NAME MANIN, ERIC

STREET ADDRESS 603 NORTHWEST 9TH AVENUE  
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

VICE PRESIDENT

☒ Change

☐ Addition

1.2 NAME

Eric Manin

1.3 STREET ADDRESS

1726 SW 42nd Ave

1.4 CITY-ST-ZIP

Gainesville, FL 32608

2.1 TITLE

PRESIDENT

☒ Change

☒ Addition

2.2 NAME

MARCIA MANIN

2.3 STREET ADDRESS

2362 NW 122 DRIVE

2.4 CITY-ST-ZIP

Coral Springs, FL 33065

3.1 TITLE

VICE PRESIDENT

☐ Change

☒ Addition

3.2 NAME

Layne Fox

3.3 STREET ADDRESS

919 NW 23rd Ave

3.4 CITY-ST-ZIP

Gainesville, FL 32609

4.1 TITLE

SECRETARY

☐ Change

☒ Addition

4.2 NAME

Tony Hernandez

4.3 STREET ADDRESS

403 SW 10th St. Apt 2

4.4 CITY-ST-ZIP

Gainesville, FL 32601

5.1 TITLE

Director

☐ Change

☒ Addition

5.2 NAME

David Kurzman

5.3 STREET ADDRESS

919 NW 23rd Ave

5.4 CITY-ST-ZIP

Gainesville, FL 32609

6.1 TITLE

Director

☐ Change

☒ Addition

6.2 NAME

Vincent Villanueva

6.3 STREET ADDRESS

919 NW 23rd Ave

6.4 CITY-ST-ZIP

Gainesville FL 32609

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.

SIGNATURE:

Eric Manin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99

Date

352-375-6122

Daytime Phone #

CR2E034 (11/98)