

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 # P98000056694

1. Corporation Name

PREMIUM PROPERTY MANAGEMENT, INC.

Principal Place of Business

**16057 TAMPA PALMS BOULEARD WEST
SUITE 346
TAMPA FL 33647**

Mailing Address

**16057 TAMPA PALMS BOULEARD WEST
SUITE 346
TAMPA FL 33647**

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified

06/25/1998

4. FEI Number

59-3518796

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

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

☒

No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P**
SHEMBEKAR, ANITA J
STREET ADDRESS **16057 TAMPA PALMS BOULEARD WEST**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ DELETE

NAME **ST**
SHEMBEKAR, TUSHAR J
STREET ADDRESS **16057 TAMPA PALMS BOULEVARD WEST**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ DELETE

NAME **X**
STREET ADDRESS **X**
CITY-ST-ZIP **X**

TITLE ☐ DELETE

NAME **X**
STREET ADDRESS **X**
CITY-ST-ZIP **X**

TITLE ☐ DELETE

NAME **X**
STREET ADDRESS **X**
CITY-ST-ZIP **X**

TITLE ☐ DELETE

NAME **X**
STREET ADDRESS **X**
CITY-ST-ZIP **X**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME **X**

1.3 STREET ADDRESS **X**

1.4 CITY-ST-ZIP **X**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **X**

2.3 STREET ADDRESS **X**

2.4 CITY-ST-ZIP **X**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME **X**

3.3 STREET ADDRESS **X**

3.4 CITY-ST-ZIP **X**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME **X**

4.3 STREET ADDRESS **X**

4.4 CITY-ST-ZIP **X**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME **X**

5.3 STREET ADDRESS **X**

5.4 CITY-ST-ZIP **X**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME **X**

6.3 STREET ADDRESS **X**

6.4 CITY-ST-ZIP **X**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/99

Date

813-972-4030

Daytime Phone #

CR2E034 (1/98)

0579227

FILED
Mar 12, 1999 8:00 am
Secretary of State

03-12-1999 90032 023 *****8.75

03-12-1999 90032 024 ***150.00



DO NOT WRITE IN THIS SPACE