CO	PROFIT RPORATION UAL REPORT 1996	FLORIDA DEPAR Sandra E Socreta	RTMENT OF STATE 3. Mortham ry of State CORPORATIONS		
DOCU 1, Corporation	MENT # S6526	0 (9)			
PREM	I <mark>er brokerage services</mark>	, INC.			
					
Principal Place of Business Mailing Address			I INDIANID JIE DIIEK BILIE BIRKU OKRE	aan arkii didi. Bibii bibii didii gidii 190	
6555 POWE	rline RD.	6555 POWERLINE RD.			
SUITE 114 SUITE 114 FT LAUDERDALE FL 33309 FT LAUDERDALE FL 3330			mo		
		TT DRODENDAGE TE GO		3. Date Incorporated or Qualified	3a. Date of Last Report
Principal P	lace of Business	Do Malling Adultura		07/10/1991	11/29/1995
	icoc of Dualitess	2a. Mailing Address 26 6555 Pou	SERLINE PD	4. FEI Number 65-0272877	Applied For
Suite, Apt.	#, etc.	Suite Apt. #, etc	MISCINS LD		Not Applicat \$8.75 Additional
		27 STE 214		5. Certificate of Status Desired	Fee Required
City & Stat	'e	City & State		6. Election Campaign Financing	\$5.00 May Be
		28 FI LAUDEVER		Trust Fund Contribution	Added to Fees
Zip]	Country 25	²⁹ 33309	Country'	8. This corporation has liability for in	
<u>'I</u>	9. Name and Address of Curren		130 USA	Florida Statutes Yes 10. Name and Address of New Ro	
`			81 Name	10. House and Medicos of New III	egistoreo Agent
MCKINI	.EY, JAMES		82 Street Add	dress (P.O. Box Number is Not Acceptable	0)
6555 PC	OWERLINE ROAD STE 114		L	and the second of the model of the second of	·
FT. LAU	IDERDALE FL 33309		83		
			84 City		85 Zip Code
1. Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statuta	tuo sho in powed exercise	oration submits this statement for the purp	PL
Or register	red agent, or both, in the State of Florid ith, and accept the obligations of, Section	ia, puch charige was aumonzed	the above harried corporation's bo	oration submits this statement for the purp and of directors. I hereby accept the appo	oose of changing its registered off intment as registered agent. I am
SIGNATURE:		an and an			
	Signature typed or protect name of respectives tagent a		Regelered Agent signature reque		CIAİL
2.	OFFICERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	
H.F	STRUM, LAWRENCE	רו הברבוב	1 1 TIFLE 12 NAME		Change 🔲 Addition
	VITION, UNITERUE		1.3 STREET ADDRESS		
AME	5008 NW 102 DR		■ JUNION HUMBER		
ame Treet adoress	5008 NW 102 DR CORAL SPRINGS FL				
AME TREET ADORESS ITY-ST-ZIP	5008 NW 102 DR CORAL SPRINGS FL V	☐ DELETE	1.4 CITY-ST-2iP 2.1 TITLE		Change Addition
AME TREET ADORESS TY-ST-ZIP TLE	CORAL SPRINGS FL V MCKINLEY, JAMES	☐ DELETE	1.4 CITY - ST - 2iP		Change Addition
AME IREET ADORESS TY-ST-ZIP TLE	CORAL SPRINGS FL V MCKINLEY, JAMES 8555 POWERLINE RD. #114	☐ DELETE	1.4 CITY-ST-2IP 2.1 TITLE		Change Addition
AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP	CORAL SPRINGS FL V MCKINLEY, JAMES		1.4 CITY - ST- 2IP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST, ZIP		
AME TREET ADORESS ITY - ST - ZIP TLE AME TREET ADDRESS ITY - ST - ZIP TLE	CORAL SPRINGS FL V MCKINLEY, JAMES 8555 POWERLINE RD. #114	☐ DELETE	1 4 CITY - ST- 2IP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST- ZIP 3 1 TITLE		Change Addition
AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME	CORAL SPRINGS FL V MCKINLEY, JAMES 8555 POWERLINE RD. #114		1 4 CITY - ST- ZIP 2 1 TITLE 2 2 NAME 2 3 STARET: ADDRESS 2 4 CITY - ST- ZIP 3 1 TITLE 3 2 NAME		
AME TREET ADORESS ITY-ST-ZIP TILE AME TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADORESS	CORAL SPRINGS FL V MCKINLEY, JAMES 8555 POWERLINE RD. #114		1 4 CITY - ST- ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST- ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS		
IAME STREET ADDRESS (CITY-ST-ZIP ITTLE LAME LITREET ADDRESS (CITY-ST-ZIP ITTLE LAME LAME LAME LAME LAME LAME LAME LA	CORAL SPRINGS FL V MCKINLEY, JAMES 8555 POWERLINE RD. #114	□ DELETE	1 4 CITY - ST- ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST- ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST- ZIP		☐ Change ☐ Addition
ITLE VAME STREET ADDRESS CITY-ST-ZIP UITLE VAME STREET ADDRESS CITY-ST-ZIP UITLE VAME CORAL SPRINGS FL V MCKINLEY, JAMES 8555 POWERLINE RD. #114		1 4 CITY - ST- ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST- ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS			

6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this arrival report or supplemental arrival 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or ori an attachment with an address.

4.4 CITY+ST ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

5 1 THILE

5.2 NAME

6 1 TITLE

6.2 NAMe

DELETÉ

DELETE

SIGNATURE:

22 С

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

SIGNATURE AND TYPES OF PRINTED JAMES OF SIGNING OFFICER OR DIRECTOR

(19)

50-393-2244

Change

Addition

Add-tion

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***800.00