

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Marthan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L25621 (8)**

1. Corporation Name
PREMIER MARKETING INTERNATIONAL INC.



Principal Place of Business: % UNITED CORPORATE SERVICES INC. 801 NORTHEAST 167TH STREET, SUITE 300 NORTH MIAMI BEACH FL 33162
Mailing Address: % UNITED CORPORATE SERVICES INC. 801 NORTHEAST 167TH STREET, SUITE 300 NORTH MIAMI BEACH FL 33162

2. Principal Place of Business: 21 100 A 14 St, Suite, Apt. #, etc. 22 Charlotteville VA, Zip 22903, Country U.S.A.
2a. Mailing Address: 26 100 A 14 St, Suite, Apt. #, etc. 27 Charlotteville VA, Zip 22903, Country U.S.A.

3. Date Incorporated or Qualified: 10/26/1989
3a. Date of Last Report: 04/28/1995
4. FEI Number: 65-0274253
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 has liability for intangible tax under s. 190.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
UNITED CORPORATE SERVICES INC.
801 NORTHEAST 167TH STREET
SUITE 300
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent
81 Name: Mr Chuck Geichart
82 Street Address (P.O. Box Number is Not Acceptable): 100 Wallace St
83 Suite: Suite 260
84 City: Sarasota FL 85 Zip Code: 34237

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, 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 607.005, Florida Statutes.

SIGNATURE: *Shady L. Geichart*
Signature of the registered agent or the new registered agent (if the registered agent is resigning)

6/20/96
Date

12. OFFICERS AND DIRECTORS		DELETE
TITLE	DC	<input checked="" type="checkbox"/>
NAME	SHEPARD, JACK C.	
STREET ADDRESS	960 GEORGIA AVE.	
CITY - ST - ZIP	WINTER PARK FL	
TITLE	PD	<input type="checkbox"/>
NAME	SHEPARD, MARJORIE J	
STREET ADDRESS	960 GEORGIA AVE.	
CITY - ST - ZIP	WINTER PARK FL	
TITLE	SD	<input type="checkbox"/>
NAME	JOHNSTON, SALLY J.	
STREET ADDRESS	2521 NORFOLK RD.	
CITY - ST - ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	President, J. Johnston	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Johnston, Sally J.		
1.3 STREET ADDRESS	1817 Heathglow Lane		
1.4 CITY - ST - ZIP	Charlotteville, VA. 22901		
2.1 TITLE	Vice-President, P. Marjorie C. Shepard	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Marjorie C. Shepard		
2.3 STREET ADDRESS	960 Georgia Ave		
2.4 CITY - ST - ZIP	Winter Park, FL 32789		
3.1 TITLE	Secretary, P. Tom Johnston	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Tom Johnston		
3.3 STREET ADDRESS	1817 Heathglow Lane		
3.4 CITY - ST - ZIP	Charlotteville, VA. 22901		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE	200001886862	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	-07/09/96--01013--039		
6.3 STREET ADDRESS	***225.00		
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 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: *Sally Johnston*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jul 11 1996
Date

CR2E034 (12/95)

Handwritten initials and date