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

## FILED Feb 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT** # (0)PERKO, INC. Principal Place of Business Mailing Address 16490 NW 13TH AVE 16490 NW 13TH AVE PO BOX 64000 D PO BOX 64000 D DO NOT WRITE IN THIS SPACE MIAMI FL 33169 MIAMI FL 33169 3. Date Incorporated or Qualified 12/29/1960 2. Principal Place of Business 2e, Mailing Address 4. FEI Number Applied For 59-0932376 Not Applicable 21 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROBINSON JR.BARNETT 2255 GLADES RD #319 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33431** 83 84 City 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 it applicable (NOTE: Registered Agent signature required when reinstaling) DATE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 Terus ROBINSON JR. BARNETT NAME 1.2 NAME 2255 GLADES RD #319 STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY-ST-7IP DELETE Addition Change TITLE 2.1 TITLE BEDRAN, JENI M. JR NAME 2.2 NAME **16490 NW 13TH AVENUE** STREET ADDRESS 2.3 STREET ADDRESS MIAMI, FL 00000 2 4 CiTY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE Change 3.1 TITLE HOLLENBECK, LEROY NAME 3.2 NAME 16490 NW 13TH AVE STREET ADDRESS 3.3 STREET ADDRESS MIAMI, FL 00000 CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition PERKINS, MARVIN D NAME 4. 2 NAME 16490 NW 13TH AVE STREET ADDRESS 4.3 STREET ADDRESS MIAMI, FL 00000 CITY - S1 - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE PERKINS, FREDERICK M NAME 5.2 NAME 16490 NW 13TH AVE STREET ADDRESS 5.3 STREET ADDRESS

14. Hereby certify that the information supplied with this filling 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 eath; 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.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS MIAMI, FL 00000

ENI M BEDRAN IN

DELETE

Change

Addition

CRZE034