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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 389858

(2)

PERLANI Principal Place		ASSOCIATES,	INC. Mailing Addr	ess		···. <u>-</u>				
1901 VILLAGE BLVD. WEST PALM BEACH FL 33409 73 MT. WAYTE AVE. FRAMINGHAM MA 01702-5803										
								3. Date Incorporated or Qualified 10/15/1971	3a. Date of Last F 05/01/1996	Report
2. Principal Pl	lace of Busine	oss	2a. Mailing A	a. Mailing Address				4. FEI Number		pplied For
21 73 Mt	t. Wayte	Ave.	26	···				59-1366992	N	ot Applicable
Suite, Apt.	#, etc =		Suite, Ap	Suite, Apt. #, etc.				5. Certificate of Status Desired	7	Additional equired
City & State 23 Frami	ingham,	14A	City & Sta	City & State				B. Election Campaign Financing Trust Fund Contribution Added to Fees		
Ζιρ 24 0170]	Country 25	Zip	Zip Cour			8. This corporation has liability for Intangible ta Florida Statutes			s. 199.032,
	9. Name a	and Address of Curre	ent Registered Age	nt				10. Name and Address of New Re-	pistered Agent	
THO	MAS A. GET	TZ			8	11 Nam	е			
5488					t Addre	Address (P.O. Box Number is Not Acceptable)				
JUPITER FL 33458						3	 .		<u></u>	
						4 City			85 Zip	Code
l and the second se									FL °°	
11. Pursuant l office or to agent Lai	to the prevision registered ag∈ am familiar with	ons of Sections 607.0t ent, or both, in the Sta n. and accept the obli	502 and 607.1508, Fi te of Florida. Such d gations of, Section (lorida Statute hange was a 307.0505. Flo	es, the abo juthorized prida Statul	ove-name by the co les.	orporation	ration submits this statement for the p on's board of directors. I hereby accep	urpose of changing of the appointment as	its registered registered
SIGNATURE		, 0 ,	gamma on account							
	Signature typical c	r printed name of registered a		INOTI		gent signat	ve required	1 when reinstating)	DATE	
12.	- DD	OFFICERS A	ND DIRECTORS	DELETE	13.		15	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
NAME	PD GET7 TH	A SAMO	-) orreit	1.2 NAM		P	,	Y-1 0100190	
STREET ADORESS	4444 A C C C C C C C C C C C C C C C C C			1.3 STREE						
CITY - ST-ZIF	INTERT BALLS BEAGLES AND			1.41			1		•	
TITLE	CEOD			DELETE	2.1 TITL	***************************************	D		☐ Change	Addition
NAME	SCHWARZ	, JOHN H			2.2 NAM	E	Jol	nn M. Bolis		
STREET ADDRESS	73 MT. W/	AYTE AVE.			23 STRE	ET ADDAES		Mt. Wayte Avenue		}
CITY-ST-ZIP	FRAMING	1AM MA 01701			2. 4 CIT	-ST-ZIP		mingham, MA 01701		
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NAME		JGH, WALTER K			3.2 NAM	Æ		chard E. Burnham		{
STREET ADDRESS	73 MT. W					EET ADDRES		Mt. Wayte Avenue		ļ
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	KAM MA 01701		1 DEL ETE		r-st-zip	Fra	amingham, MA 01701	Change	Addition
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NAME)		_		5.2 NAM		1			
STREET ADDRESS	}					et addres	s l			
CITY-SI-ZIP						-ST-ZIP				
Tille			L	DELETE	6.1 TITL		1-		Change	Addition

14. I do 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 supplementally 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 chargest, or on an attangent, with an address.

62 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

3/27/97

(508) 628-2000

FILED

May 01 1997 8:00am

Secretary of State

Daytime Phone #

0504583