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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

•	1996	DIVISION O	F CORPOR						
DOCUN 1. Corporation	MENT # K9952	23 (8)							
ROBER	T PERGAMENT ENTERPR	ISES, INC.				4 1884644 616 18146 18146 18146	8 1181 B181 B181		
Principal Place	of Business	Mailing Address				e inditeris nen inten total Attit tibb		11 6 41 6 1 6 11	#1911 B1811 FRE1
621 NW 53RD STE 240-23) ST., SUITE 240-21	621 NW 53RD ST., SI STE 240-23	1 NW 53RD ST., SUITE 240-21						
BOCA RATON	I FL 33487	BOCA RATON FL 334	87		-	2 Detalogrammed a C - W-d	100 600	41 1 5	
US		US				3. Date Incorporated or Qualified 07/03/1989	3a. Date	10/199	•
	ace of Business	2a. Malling Address				4. FEI Number	1 00,		Applied For
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				22-2983425			Not Applicable 5 Additional
22		27				5. Certificate of Status Desired			Required
City & State)	City & State				Election Campaign Financing Trust Fund Contribution			00 May Be ad to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for			· · · · · · · · · · · · · · · · · · ·
24	9. Name and Address of Curre	29 ent Registered Agent	30			Florida Statutes Yes 10. Name and Address of New F			
		Trogictored Figure		81 Name		TO. Hame and Address of New P	iogistolou A	Jent	
POPKIN,	EDWARD D.			82 Street	t Address	(P.O. Box Number is Not Acceptat	ole)		
	ADES ROAD								
SUITE 11									
BUCA KA	ATON FL 33431			84 City			FL	85 Z	p Code
11. Pursuant te	o the provisions of Sections 607.050 ed agent, or both, in the State of Flo	02 and 607.1508, Florida Statu	tes, the abo	ve-named o	corporatio	n submits this statement for the pu	rose of chan	ging its	registered office
familiar wit	th, and accept the obligations of, Sec	etion 607.0505, Florida Statute	zeorby ine (s.	orporation	s board o	r directors, i hereby accept the app	ointment as r	gistered	agent. i am
SIGNATURE _	Signature, typed or printed name of registered age	of and the if aggirable (N	O1E: Registered	Ansat cionature	o recuired use	so mediativali	DATE		
12.	···	ND DIRECTORS	13.	rigor i dignerore	0 040/00 W.K	ADDITIONS/CHANGES TO OFF		DIRECTO	DRS IN 12
TITLE	D	DELETE	1, 1 7	TLE				Change	Addition
NAME	PERGAMENT, ROBERT		1.2 NA		_				
STREET ADDRESS CITY-ST-ZIP	2499 GLADES RD #114 BOCA RATON FL			REET ADDRESS Ty-St-Zip	5				
TITLE	DOON WITOIT L	☐ DELETE	2 1 T					Change	☐ Addition
NAME			2 2 NA	ME	İ				
STREFT ADDRESS				reet adoress	5				
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NAME			3 2 N4				لا	Change	
STREET ADDRESS			3 3 S	REET ADDRESS	s				
CITY-ST-ZIP				TY-ST-ZIP					
TITLE NAME		☐ DELETE	4 1 1)					Change	Addition
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NAME			5 2 NA	ME					
STREET ADDRESS				REET ADDRESS					
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NAME		<u> </u>	6.2 NA				U		
STREET ADDRESS			1	REFT ADDRESS	; [
CITY-ST-ZIP		No. al. c. ri		[Y-S[-ZIP	1,				
certify that	y certify that the information supplied the information indicated on this and	iual report or supolemental ani	nual report is	true and a	accurate a	nd that my signature shall have the	same lenal of	fact se it	f made under
oath; that i	ani an officer or director of the corp Block 12 or Block 13 if changed, or	oration or the receiver or truste	ee empower	ed to execu	ute this rep	port as required by Chapter 607, Fi	orida Statutes	; and tha	at my name
	upe. Cala de	1	0.4			4/1/2			
SIGNAT	SIGNATURE AND TYPED C	GOWELLA PRESIDENTED NAME OF SIGNING OFFICE	ER OR DIRECT	OR		4/18/9 C	Day	ime Phone	*
	0 .	H							