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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT #

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(8)

**FILED** Jan 22 1998 8:00am Secretary of State

ROBER	RT PERGAMENT ENTERPRI	SES, INC.			
Principal Plac	ce of Business	Mailing Address		1	
621 NW 53RD ST., SUITE 240-21 621 NW 53RD ST., SUITE 2 STE 240-23 STE 240-23 BOCA RATON FL 33487 BOCA RATON FL 33487			240-21	DO NOT WRITE II	N THIS SPACE
us us .				3. Date Incorporated or Qualified	
A Crincinal S	None of Business	On Marine a delenant		07/03/1989	
<del> </del> -		2a. Mailing Address		4. FEI Number	Applied For
		26		22-2983425	Not Applicable
22 22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zıp	Country	Zip	Country	8. This corporation owes or has paid	the current year Intangible
24	25	29	30	Personal Property Tax due June 3	0. ☑ Yes ☐ No
	<ol><li>Name and Address of Current</li></ol>	nt Registered Agent		<ol><li>Name and Address of New Regi</li></ol>	stered Agent
POPKIN, EDWARD D.			81 Name		
2499 GLADES ROAD			82 Street Addre	ess (P.O. Box Number is Not Acceptable	)
SUITE 114 BOCA RATON FL 33431		83			
, ,	OA IMION I E 30431				
			84 City		FL 85 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.					
	m familiar with, and accept the oblig	ations of, Section 607.0505, Floi	ida Statutes.	·	,
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	Registered Agent signature require	of when reinstation)	DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	PERGAMENT, ROBERT		1,2 NAME		
STREET ADDRESS	2499 GLADES RD #114		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP			2. 4 CITY - ST - ZIP		
TATLE		☐ DELETE	3.1 TITLE		· Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP		Classes	3.4. CITY-ST-ZIP		
TITLE		■ DELETE	4.1 TITLE		L Change L Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		İ
TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		_	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		İ
		10. 11. 1. 100. 1		iection 119.07(3)(i), Florida Statutes. I fur	

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.

561-994-6980