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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K99523

. Corporation Name

ROBERT PERGAMENT ENTERPRISES, INC.

Principal Place	on of Punings	Mailing Address					
Principal Place of Business 621 NW 53RD ST., SUITE 240-21		621 NW 53RD ST., SUITE 240-21					
STE 240-23		STE 240-23					
BOCA RATON FL 33487		BOCA RATON FL 33487		DO NOT WRITE IN THIS SPACE			
US	•	US			3. Date Incorporated or Qualif	ed	
2 Principal P	Place of Business	2a. Mailing Address			07/03/1989 4. FEI Number		
21	race of Dusiness	26. Walling Address			- "	- ;-	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		22-2983425		Not Applicable Additional	
22		27		5. Certificate of Status Desired		Required	
City & State		City & State		6. Election Campaign Financin	ng = \$5.00	May.Be	
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	у	8. This corporation owes the c		
24	25		30		Personal Property Tax.	₽ Yes	□No
	9. Name and Address of Curr	rent Registered Agent	81	Name	10. Name and Address of Nev	w Registered Agent	
POP	KIN, EDWARD D	•	°'	i ivame		Ţ.	
	9 GLADES ROAD		82	Street Addre	ess (P.O. Box Number is Not Acce	ptable)	
1	TE 114		83	t l	1999 13 136 B 189	2 (0 CL) 15 4(2) 15 (2 2 2 2 4 4 5 5	90 (500) (60)
1	CA RATON FL 33431					计数据数据数据	翻制值
i BUU			84	City	१७ साथ के के स्टेश्नी के खेले हैं। हा	85 Zip	Code **
ВОС				1			
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	es, the abov	e-named corpo	oration submits this statement for t	he purpose of changing it	s reaistered
11. Pursuant office or r	to the provisions of Sections 607.0 registered agent, or both, in the Statum familiar with, and accept the obline	te of Florida. Such change was a	uthorized by	the corporatio	oration submits this statement for to on's board of directors. I hereby ac	he purpose of changing it cept the appointment as r	s registered egistered
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14. I 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

GALLA TO TOPE OR PRINTED NAME OF SIGNING PRICER OR DIRECTOR

369 361- 995-141

FILED

Feb 15, 1999 8:00am

Secretary of State

02-15-1999 90038 044 ***150.00

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