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NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

N28570

ATTORNEYS REAL PROPERTY COUNCIL OF DADE COUNTY

Perception Protection Bull See	INC.													
30	Principal Place	e of Business	Mailing Add	Mailing Address										
US	308		308	308										
2.5 March per of Business 2.6 Margaderess 2.6 March per of Business 2.6 March per of BS-0073569 March pe										3a. 🗅				
Suite Apt #, etc. Suit. Apt #, etc. Suit.		lace of Busine	ess	2a. Mailing	2a. Mailing Address					4. FEI Number			· · · · · · · · · · · · · · · · · · ·	
27		4 ptc		,						65-0073569		L		
28	22			27	27					5. Certificate of Status Desired		+	•	
Zip				— ·	<u> </u>									
9. Name and Address of Current Registered Agent Time	——— ·			· ·	— · —							tax under s		
ZIMMETT BLAIR I 9200 SO DADELAND BLVD SUITE 308 MAMI FL 33156 80 City FL 55 ZP Code 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florids Statutes. The above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am near the provisions of designates of Section 617,0503, horids Statutes. SIGNATURE System, badd or prints frame of registered agent. I am near the provisions are registered agent. I am near the provisions of the purpose of changing its registered agent. I am near the provisions of the purpose of changing its registered agent. I am near the purpose of changing its registered agent. I am near the purpose of changing its registered agent. I am near the purpose of changing its registered agent. I am near the purpose of changing its registered agent. I am near the purpose of changing its registered agent. I am near the purpose of changing its registered agent. I am near the purpose of changing its registered agent. I am near the purpose of changing its registered agent. I am near the purpose of changing its registered agent. I am near the purpose of changing its registered agent. I am near the purpose of changing its registered agent. I am near the purpose of changing its registered agent. I am near the purpose of changing its registered agent. I am near the purpose of changing its registered agent. I am near the purpose of changing its registered agent. I am near the purpose its r														
\$200 SO DADELAND BLVD \$183 \$4								Name						
SUITE 308 MIAMI FL 33156 88 84 City FL 85 Zip Code 11. Presuent to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 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 registere	ZIMMETT BLAIR I						82	Street	Address	s (P.O. Box Number is Not Accepta	ble)			
MIAM FL 33156 ### City			ND BLVD			-	02				*			
The pursuant to the provisions of Sactions 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered digent, 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 state of provisions of Saction 617.0503, Florida Statutes. Signature Sign														
11. Pursuent to the provisions of Sections 617,0502 and 617,1508, Floridal Statutes, the above-named corporation's submits this statement for the purpose of changing its registered office or registered agend, to short, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered egent. I am familiar with, and accept the obligations of, Section 617,0503, Floridal Statutes. SIGNATURE								-			FL	_ '		
12	or register	rea agent, or	Doth, in the State of Fig	ida. Such change i	was authoriza	s, the abou	e-n orpc	amed co oration's	prooration board o	on submits this statement for the pu of directors. I hereby accept the app	iroose of ch	anging its s registere	registered office d agent. I am	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE	Slocative benedic	or prolad name of speciety of any	at and tale if applicable		r Desident								
TITLE	12.							signatore n	equired wri			D DIBECE	ORS IN 12	
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TRESCOTT, ROBERT	STREET ADDRESS	9200 S.	DADELAND BLVD.,	STE. 500	. 500						308			
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CITY-SI-ZIP				15744										
DVP				19/11										
NAME ZIMMETT, BLAIR			OADLES FL	Г					7 8	D		Change	☐ Addition	
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MIAMI FL								address						
NAME WOLASKY, MARJORIE 4.2 NAME	CITY-ST-ZIP													
STREET ADDRESS	TITLE	D		E.	DELETE	4.1 TIT	LΕ					Change	☐ Addition	
MIAMI FL	NAME	WOLAS	KY, MARJORIE			4. 2 NA	ME							
TITLE	STREET ADDRESS	7103 S\	N 102 AVE			4.3 STF	133	ADORESS						
NATINSKY, LAWRENCE	CITY - ST - ZIP	MIAMI F	<u> </u>			4.4 CIT	Y-ST	- ZIP						
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				L.	JUELLIE							☐ Change	Addition	
STREET ADDRESS : 6.3 STREET ADDRESS :														
								- 1						
64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further		v certify that	the information supplied	with this filing is up	duntarily formie				lifts for 1	the exemption etated in Caption 110	07(2)(6) 51	orida Stat	rtoo 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an an attachment with an address.

SIGNATURE: