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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000063867 (4)

1. Corporation Name
PERKINS HOWER INC.

Principal Place of Business Mailing Address
5140 JUNGLE PLUM RD. 5061 OCEAN BLVD. STE 123
SARASOTA FL 34242 SARASOTA FL 34242

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/14/1993 3a. Date of Last Report 05/01/1994

4. FEI Number 65-0450637 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 2b 5140 Jungle Plum Rd
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28 Sarasota FL
Zip Country Zip Country
24 25 29 30 34242 USA

9. Name and Address of Current Registered Agent

PERKINS, GILMAN C
5140 JUNGLE PLUM RD.
SARASOTA FL 34242

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERKINS, GILMAN C	1.2 NAME	
STREET ADDRESS	5140 JUNGLE PLUM RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34242	1.4 CITY - ST - ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERKINS, DEBORAH H	2.2 NAME	
STREET ADDRESS	5140 JUNGLE PLUM RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34242	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, ALLEN ESQ	3.2 NAME	
STREET ADDRESS	1456 SECOND AVENUE STE 167	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10021	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement thereto 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 estate or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

6-27-95

813-346-2949