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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 19, 1999 8:00am **Secretary of State**

02-19-1999 90020 032 ***150.00

OCOMENT	#	243273
Corporation Name		_ 10 1

Country

9. Name and Address of Current Registered Agent

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PERKINS, MARVIN D

16490 NW 13TH AVE

ROBINSON JR.BARNETT

2255 GLADES RD #319 **BOCA RATON FL 33431**

PERKO, INC.

Principal Place of Business	Mailing Address		DO NOT WRITE IN THIS SPACE			
16490 NW 13TH AVE PO BOX 64000 D MIAMI FL 33169	16490 NW 13TH AVE PO BOX 64000 D MIAMI FL 33169	DO NOT WRITE IN THIS SPACE				
		3. Date Incorporated or Qualifed 12/29/1960				
2. Principal Place of Business	2a. Mailing Address	4. FEI Number Applied	For			
1	26	59-0932376 Not Ap	plicabl			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired \$8.75 Addit Fee Require				
City & State	City & State	6. Election Campaign Financing \$5.00 May	Be			

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ora	ted	or	Qua	ılifed			

	4. FEI Number			Applied For
	59-0932376		\vdash	Not Applicable
	5. Certificate of Status Desired	\$	B. 7 5	Additional Required
	6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
	This corporation owes the current year Personal Property Tax.		le 'es	□No
	10. Name and Address of New Register	ed Ager	ıt	
Name	· · · · · ·			
Street Addre	ss (P.O. Box Number is Not Acceptable)			
City		. 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.

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Country

Name

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SIGNATURE	£			;			{
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: F	Registered Agent signature requir	ed when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES	S TO OFFICERS AN	ND DIRECTOR	RS IN 12
TITLE	ASD	☐ DELETE	1.1 TITLE	,		Change	☐ Addition
NAME	ROBINSON JR, BARNETT		1.2 NAME				
STREET ADDRESS	2255 GLADES RD #319		1.3 STREET ADDRESS				+
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP				
TITLE	TS	☐ DELETE	2.1 TITLE	•		Change	☐ Addition
NAME	Bedran, jeni M. Jr		2.2 NAME				1
STREET ADORESS	16490 NW 13TH AVENUE		2.3 STREET ADDRESS				ł
CITY-ST-ZIP	MIAMI, FL 00000		2.4 CITY-ST-ZIP	the second second			
TITLE	EV	DELETE	3.1 TITLE			Change	☐ Addition
NAME	HOLLENBECK, LEROY		3.2 NAME		•		
STREET ADDRESS	16490 NW 13TH AVE		3.3 STREET ADDRESS				Ì
CITY-ST-ZIP	MIAMI, FL 00000		3.4. CITY-ST-ZIP]

4.3 STREET ADDRESS MIAMI, FL 00000 DITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 51 TITLE 5.2 NAME PERKINS, FREDERICK M 16490 NW 13TH AVE 5.3 STREET ADDRESS MIAMI, FL 00000 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE 6.1 TITLE ☐ Change NAME 6.2 NAME

6.3 STREET ADDRESS

4. 2 NAME

6.4 CITY-ST-ZIP 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.

STREET ADDRESS

CITY-ST-ZIP



☐ DELETE

☐ Change

Addition