

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **470699** (0)  
1. Corporation Name: **PERIGAT, INC.**



Principal Place of Business: **2060 SOUTH PATRICK DRIVE INDIAN HBR BCH FL 32937**  
Mailing Address: **2060 SOUTH PATRICK DRIVE INDIAN HBR BCH FL 32937**

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip Country 24 25 26 Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip Country 29 30

3. Date Incorporated or Quoted: **02/26/1975**  
3a. Date of Last Report: **04/06/1995**  
4. FEIN Number: **59-1578463** 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  
10. Name and Address of New Registered Agent

g. Name and Address of Current Registered Agent: **GATTI, WALTER J 2060 SOUTH PATRICK DRIVE INDIAN HARBOUR BEACH FL 32937**  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(2), 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 607.05(2), Florida Statutes.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATTI, DOROTHEA	12 NAME	
STREET ADDRESS	2060 S PATRICK DR	13 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARB BCH, FL00000	14 CITY-ST-ZIP	
TITLE	VS	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATTI, WALTER J	22 NAME	
STREET ADDRESS	2060 S PATRICK DR	23 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARB BCH, FL00000	24 CITY-ST-ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 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.

SIGNATURE: *Dorothea Gatti* 3-11-96 (407) 743-3036  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)