

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **596561** (1)

1. Corporation Name
RICHARD PERLINI, P.A.



Principal Place of Business: **200 E BROWARD BLVD SUITE 1210 FT LAUDERDALE FL 33301 US**
Mailing Address: **200 E BROWARD BLVD SUITE 1210 FT LAUDERDALE FL 33301 US**

3. Date Incorporated or Qualified: **12/01/1978**
3a. Date of Last Report: **03/20/1995**
4. FEI Number: **59-1878131**
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
21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent

**PERLINI, RICHARD
200 E BROWARD BLVD
SUITE 1210
FT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 607.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

11. TITLE	PD	<input type="checkbox"/> DELETE
12. NAME	PERLINI, RICHARD	
13. STREET ADDRESS	200 E BROWARD BLVD., #1210	
14. CITY-ST-ZIP	FT LAUDERDALE FL	
15. TITLE		<input type="checkbox"/> DELETE
16. NAME		
17. STREET ADDRESS		
18. CITY-ST-ZIP		
19. TITLE		<input type="checkbox"/> DELETE
20. NAME		
21. STREET ADDRESS		
22. CITY-ST-ZIP		
23. TITLE		<input type="checkbox"/> DELETE
24. NAME		
25. STREET ADDRESS		
26. CITY-ST-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

27. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME		
29. STREET ADDRESS		
30. CITY-ST-ZIP		
31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-ST-ZIP		
35. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
36. NAME		
37. STREET ADDRESS		
38. CITY-ST-ZIP		
39. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
40. NAME		
41. STREET ADDRESS		
42. CITY-ST-ZIP		
43. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
44. NAME		
45. STREET ADDRESS		
46. CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this report 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 trustee 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/96 954-761-7201

CR2E034 (12/95)