


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

FILED

Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **635156** (3)
1. Corporation Name
PERRY BUSH, INC.

Principal Place of Business 10330 AVON PARKCUT OF RD FT MEADE FL 33841	Mailing Address 10330 AVON PARKCUT OF RD FT MEADE FL 33841
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 09/05/1979
24		29		4. FEI Number 59-1935903 Applied For <input type="checkbox"/> Not Applicable
25		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
26		31		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
27		32		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**BUSH, PERRY
10330 AVON PARKCUT OF RD
FT MEADE FL 33841**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 607.0505, 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

TITLE	P	<input type="checkbox"/> DELETE
NAME	BUSH, PERRY	
STREET ADDRESS	10330 AVON PARKCUT OF RD	
CITY-ST-ZIP	FT MEADE FL 33841	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUSH, LUCY	
STREET ADDRESS	10330 AVON PARKCUT OF RD	
CITY-ST-ZIP	FT MEADE FL 33841	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEWBERRY, MARJORIE	
STREET ADDRESS	RT. 2, BOX 626A	
CITY-ST-ZIP	AVON PK FL 33825	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARBAREE, BETTY	
STREET ADDRESS	505 S. YOUNG AVE.	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUSH, HAROLD	
STREET ADDRESS	10100 AVON PARK CUTOFF RD.	
CITY-ST-ZIP	FT. MEADE FL 33841	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CREWS, WINONA	
STREET ADDRESS	3091 N. CAMBRIDGE RD.	
CITY-ST-ZIP	AVON PARK FL 33825	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Perry Bush* **SIGNATURE REQUIRED** PRESIDENT

1/6/98

(813) 635-3314

CR2E034 (10/97)