H- 29-98 B-3838-C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # F05429

(8)

1. Corporation PERLIN		ALS HANDLING (MENT CO.							
Principal Place of Business Mailing Address											
4732 NW 167TH STREET PO BOX 40-2768 MIAMI FL 33014 US US US US US US US									DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
2. Principal Place of Business 2a, Mailing Address									11/14/1980 4. FEI Number Applied For	4	
21	IRCE OF BUSIN	iess	<u> </u>	2a. Mailing Address					, ispiec to		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.						SR 75 Additional	4	
22			27						5. Certificate of Status Desired Fee Required	ı	
City & State)		City & State						6. Election Campaign Financing \$5.00 May Be	٦	
Zip		Country							Trust Fund Contribution Added to Fees	4	
24		25	29	30			,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		1	
9. Name and Address of Current Registered Agent						_			10. Name and Address of New Registered Agent	╛	
PERLIN, MORTON J.						81	Name			٦	
473	2 NW 1671	TH STREET					L_(ress (P.O. Box Number is Not Acceptable)	┨	
MIA	MI FL 330 [.]	14								4	
						B3				j	
							B4 City		FL 85 Zip Code	٦	
11. Pursuant to office or reagent. I as	o the provis egi st ered ag m fa miliar wi	ions of Sections 607.09 jent, or both, in the Sta th, and accept the obt	i02 and 607 te of Florida igations of, S	1508, Florida Statut Such change was a ection 607.0505, Flo	es, the ab authorized orida Stat	Dove d by tutes	l e-named the corp s	corpo poratio	poration submits this statement for the purpose of changing its registere- ation's board of directors. I hereby accept the appointment as registered	-	
SIGNATURE	Stonature, typed	or printed name of registered a	oort and to e it ar	micable (NOT	E Registerer	d Age	ent signature	required	ired when reinstating) DATE		
12.							13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP			☐ DELETE		ILE			Change Addition	1	
NAME	PERLIN, MORTON J.				1.2 NAM			P	RSS COLLINSAVE. #6F	- {}	
STREET ADDRESS	1				1.3 STREET						
CITY-ST-ZIP TITLE	MIAMI BEACH FL		<u>-</u> -	DELETE	1.4 CITY DELETE 2.1 TITU		1-ZIP	mı	11AM BEACH FL 33140 Change DAddition	_[
NAME					2.2 NA				Onding	1	
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STREET ADDRESS					3.3 ST	REET	ADDRESS			ļ	
CITY-ST-ZIP				DELETE			ST-ZIP		Change Addition	_	
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STREET ADDRESS							ADDRESS			1	
CITY-ST-ZIP					4.4 CI					- }	
TITLE				DELETE	5.1 TI	_			Change Additio	n	
NAME					5.2 N	ME					
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CITY-ST-ZIP			. <u>.</u>		5 4 Cf	_	1-7IP			\perp	
TITLE				DELETE	61 Tf				☐ Change ☐ Addilio	1	
NAME						62 NAME					
STREET ADDRESS					6.3 ST	REET	ADDRESS				

14. Thereby 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 suppliemental 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 expowered 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 of an artificial report with an address.

6.4 CITY-ST-ZIP

CICNATURE.

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1/24/98

(20x) 628-1100

FILED

Apr 29 1998 8:00am

Secretary of State