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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED** 

Apr 28 1997 8:00am

Secretary of State

DOCUMENT # F06490

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PER-ME	L, INC.				1/1/1 1/1/1 1/1/1 1/1/1 1/1/1 1/1/1 1/1/1 1/1/1 1/1/1 1/1/1 1/1/1 1/1/1 1/1/1 1/1/1 1/1/1 1/1/1 1/1/1 1/1/1 1/
Principal Plac	e of Business	Mailing Address			BIBN BIBN BIBN BIBN BIBN BIBN BIBN IBBN
12701 US HIGH BAYONET POIL US		12701 US HIGHWAY 19 BAYONET POINT FL 3466 US	57- <b>1972</b>		
9 Principal P	Place of Business	LA Marker Add		3. Date Incorporated or Qualified 11/24/1980	3a. Date of Last Report 04/12/1996
2. Principal P	Tace of business	2a. Mailing Address		4. FEI Number 59-2071509	Applied For Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			¢0.75
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	Ө	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes
F-14.	g. Name and Address of Curren		1001	10. Name and Address of New Reg	
EDDY, ROBERT K			81 Name		
	W. DE LEON STREET		82 Street Addr	ess (P.O. Box Number is Not Acceptab	le)
	ND-8LVD. <sub>T</sub> 6TE- 220-		83		
IAM	IPA FL 33806		63		
			84 City		FL 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statu of Florida. Such change was ations of Section 607.0505. F	ites, the above-named corp authorized by the corporationida Statutes	oration submits this statement for the prion's board of directors. I hereby accep	urpose of changing its registered it the appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered age		TE Registered Agent signature require		DATE
12.	OFFICERS AND	DELETE	18.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12  Change Addition
NAME	EAVES, CAROL	C Detter	1.2 NAME		☐ Ghange ☐ Addition
STREET ADDRESS	3624 DARSTON STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		1.4 Cily-\$1-2iP		
TITLE	PD	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	EAVES, MEL		2.2 NAME		
STREET ADDRESS	12701 U.S. HIGHWAY 19		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	BAYONET POINT FL	☐ DELETE	2. 4 C(1Y - ST - Z)P		DA DAR
NAME	richardson, Diane	C) attack	3.1 TITLE 3.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	7230 FOX HOLLOW DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL		3.4. CITY-ST-ZIP		
TITLE	D	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	EDDY, ROBERT K.		4.2 NAME		
STREET ADDRESS	808 W. DE LEON STREET		4.5 STREET ADDRESS		
CITY-ST-ZIP TITLE	TAMPA FL	DELETE	4.4 CITY-S1-ZIP		D OLAS
NAME		LJ DETETE	5.1 TITLE		Change Addition
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE :-		DELETE	6.1 THILE		☐ Change ☐ Addition
NAME	$\sim 1 \text{ M}_{\odot}$		6.2 NAME		
STREET ADDRESS	H		6.3 STREET ADDRESS		

14. I do hereby certify that the information supplied information indicated on this annual report or such a man officer or director of the corporation or the appears in Block 12 or Block 13 if changed or or

not qualify for the exemption slated in Section 119.07(3)(i). Florida Statutes. I further certify that the opport is true and accurate and that my signature shall have the same legal effect as if made under oath; that ea employered to execute this report as required by Chapter 607, Florida Statutes; and that my name