

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

FILED

Jan 27 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000001910 (7)**

1. Corporation Name

**PERRY MARKETING CORPORATION**

Principal Place of Business

**100 WOLTZ AVE.  
MT AIRY NC 27030**

Mailing Address

**100 WOLTZ AVE.  
MT AIRY NC 27030-7832**



<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		<b>3. Date Incorporated or Qualified</b> <b>04/19/1995</b>	<b>3a. Date of Last Report</b> <b>06/22/1996</b>
<b>4. FEI Number</b> <b>56-1333394</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>9. Name and Address of Current Registered Agent</b> <b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>			<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLTZ JR, WILLIAM K	1.2 NAME	
STREET ADDRESS	100 WOLTZ AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MT AIRY NC 27030	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	Executive V. P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPECTOR, PAUL	2.2 NAME	William K. Woltz, Sr.
STREET ADDRESS	100 WOLTZ AVE.	2.3 STREET ADDRESS	100 Woltz Street
CITY-ST-ZIP	MT AIRY NC 27030	2.4 CITY-ST-ZIP	Mount Airy, NC 27030
TITLE	VT	3.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEELS, WILLIAM	3.2 NAME	Dean Draughn, Sr.
STREET ADDRESS	100 WOLTZ AVE.	3.3 STREET ADDRESS	100 Woltz Street
CITY-ST-ZIP	MT AIRY NC 27030	3.4 CITY-ST-ZIP	Mount Airy, NC 27030
TITLE	VPD	4.1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAMAT, CHARLES	4.2 NAME	John C. Fennebresque
STREET ADDRESS	475 FIFTH AVENUE, 3RD FLOOR	4.3 STREET ADDRESS	100 Woltz Street
CITY-ST-ZIP	NEW YORK NY 10017	4.4 CITY-ST-ZIP	Mount Airy, NC 27030
TITLE	VAS	5.1 TITLE	Assistant Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPUTO, VINCENT	5.2 NAME	William A. Keels
STREET ADDRESS	475 FIFTH AVENUE, 3RD FLOOR	5.3 STREET ADDRESS	100 Woltz Street
CITY-ST-ZIP	NEW YORK NY 10017	5.4 CITY-ST-ZIP	Mount Airy, NC 27030
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, ROBERT	6.2 NAME	
STREET ADDRESS	475 FIFTH AVENUE, 3RD FLOOR	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	6.4 CITY-ST-ZIP	

14. I do 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:

*William A. Keels*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
WILLIAM A. KEELS

1-8-97

910-786-6171

Date

Daytime Phone

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CR2E034 (9/96)