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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000003011 (2)

1. Corporation Name

PERIMETER CENTER MANAGEMENT COMPANY



Principal Place of Business

17207 N. PERIMETER DRIVE
SCOTTSDALE AZ 85255

Mailing Address

17207 N. PERIMETER DRIVE
SCOTTSDALE AZ 85255

3. Date Incorporated or Qualified

06/21/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	HALLIDAY, ROBERT W	
STREET ADDRESS	17207 NORTH PERIMETER DRIVE	
CITY- ST- ZIP	SCOTTSDALE AZ	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FLEISCHER, MORTON H	
STREET ADDRESS	17207 NORTH PERIMETER DRIVE	
CITY- ST- ZIP	SCOTTSDALE AZ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROACH, ROBIN L	
STREET ADDRESS	17207 NORTH PERIMETER DRIVE	
CITY- ST- ZIP	SCOTTSDALE AZ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RUBEN, DENNIS L	
STREET ADDRESS	17207 NORTH PERIMETER DRIVE	
CITY- ST- ZIP	SCOTTSDALE AZ	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BARRAVECCHIA, JOHN R	
STREET ADDRESS	17207 NORTH PERIMETER DRIVE	
CITY- ST- ZIP	SCOTTSDALE AZ	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	VOLK, CHRISTOPHER H	
STREET ADDRESS	17207 NORTH PERIMETER DRIVE	
CITY- ST- ZIP	SCOTTSDALE AZ	

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 do hereby certify that the information supplied with this filing is 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 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:

John Baravecchia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN BARRAVECCHIA

3/15/96

(602) 575-4500

CR2E034 (12/95)