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May 17, 1999 8:00 am
Secretary of State

05-17-1999 90088 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT **1999**



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

DOCUMENT # F95000003371 (0)
 1. Corporation Name
THE NATIONAL PERDIEM COMPANY

Principal Place of Business Mailing Address
201 NORTH WALNUT 3 CHRISTIAN CENTER WILMINGTON DE 19801 **201 NORTH WALNUT 3 CHRISTIAN CENTER WILMINGTON DE 19801**

3. Date Incorporated or Qualified **07/13/1995** 3a. Date of Last Report **04/29/98**
 4. FEI Number **65-0626215** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 **1313 N. MARKET ST.** 26 **1313 N. MARKET ST.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **# 3410** 27 **# 3410**
 City & State City & State
 23 **WILMINGTON, DE** 28 **WILMINGTON, DE**
 Zip Country Zip Country
 24 **19801-1150** 25 **USA** 29 **19801-1150** 30 **USA**

9. Name and Address of Current Registered Agent
BERTRAND, DEAN M
1417-3 DEL PRADO BLVD., STE 473
CAPE CORAL FL 33990

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City 85 Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PCDS	<input type="checkbox"/> DELETE
NAME	BERTRAND, DEAM M	
STREET ADDRESS	1417-3 DEL PRADO BLVD., STE 473	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BEVERLY A. L. BERTRAND	
STREET ADDRESS	1417-3 DEL PRADO BLVD SUITE 473	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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. 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: *Dean M Bertrand* DEAN M BERTRAND 4/30/99 941-656-0853