## 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

## DOCUMENT # F9600006111 (6)

PERRIN AND CARTER, INC.

Principal Plac	e of Business	Mailing Address			
3501 RIDGELAKE DRIVE METAIRIE LA 70002		3501 RIDGELAKE DRIVE METAIRIE LA 70002-3610		:	
				3. Date incorporated or Qualified 3a. 11/22/1996	Date of Last Report
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		72-0630509	Not Applicable
Suite, Apt	# Edu:	Suite Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta		City & State	······································	6. Fination Compaign Financing	
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intang	····
24	25	29	30		* No
	9. Name and Address of Curre			10. Name and Address of New Register	red Agent
PEF	rrin, rene f		81 Name A	NIDDE J. PEDD	1.1
	1 SIXTY-FIFTH WAY		82 Street,Add	Iress (P.O. Box Number is Not Acceptable)	<i>L.</i> M
WE	ST PALM BEACH FL 33409		44	O NE 15th Ten	race
			83		221/2-
			84 City	DATI	85 Zip Code
		00 - 1007 1000 Ft. 11 Day 1	1 100		-L   22400
office or	in the provisions of Sections 607.05 registered agent, or both in the Stat	e of Florida. Such change was a	es, the above-hamed cor athorized by the corpora	poration submits this statement for the purposition's board of directors. I hereby accept the	appointment as registered
agent La	am bimiliar with, and accept the obli	gations of Section 607.0505, Flo	rida Statutes.		ela las
SIGNATURE	Sognia, species pinted nine or registere a	A lang title if applicable. INDIE	HNUKE J Rogistereo Agent signature requ	TPERRIN)  Del	3/17/7/
12.	'	NO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
11111	CD	☐ DELETE	1.1 TITLE	**************************************	Change Addition
NAME	PERRIN, FELICIEN		1.2 NAME		
STREET ADDRESS.	916 RIDGEWOOD DR		1.3 STREET ADDRESS		
CHY SL-ZIP	METAIRIE LA		1.4 CITY - ST - ZIP		
THEF	VD	L DELETE	2.1 TITLE		Change Addition
NAME	CARTER, MICHAEL A		2.2 NAME	-	
STREET ADDRESS	147 WEST IMPERIAL DR		2.3 STREET ADDRESS		
C-17 - S1 - 21P	HARAHAN LA D	DELETE	2 4 CHTV-ST-ZIP		Change Addition
TE LE NAME	BROWN JR, JAMES J	( Detere	3.1 TITLE		Change Changing
STREET ADDRESS	71 LAKE LYNN DR		3.2 NAME 3.3 STREET ADDRESS		
C-TY ST ZiP	HARVEY LA				
16tt		☐ DELETE	3 4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
MAME			4 2 NAME		
STREET ADDRESS			4.3 STREET AODRESS		
011 y - S - ZP			4.4 CITY-ST-ZIP		
161.6		DELETE	5.1 TITLE		Change Addition
NAME		•	5.2 NAME		
STELLY ACCORESS			5.3 STREET AODRESS		
Color-ST-ZIP		,	5.4 CITY - ST - ZIP		
BUE		☐ DELETE	6.1 TITLE		Change Addition
NAME	ŀ		6.2 NAME		

14. Too 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 his 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 attaching int with an address.

SIGNATURE:

STEED ACCURESS.

6.3 STREET ADDRESS 6.4 CITY - ST- ZIP

(FELICIEN PERRIN) 3/24/91

**FILED** 

Apr 01 1997 8:00am

Secretary of State