

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

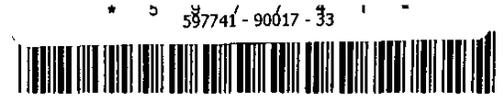
FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90017 033 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000000717
 1. Corporation Name
J.C. PERRI, INC.

Principal Place of Business 4625 OLD WINTER GARDEN RD. ORLANDO FL 32811	Mailing Address 4625 OLD WINTER GARDEN RD. ORLANDO FL 32811
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 524 MISSION ROAD		2a. Mailing Address 26 524 MISSION ROAD		3. Date Incorporated or Qualified 02/05/1998	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 13-2529256	
23 City & State ORLANDO, FLORIDA		28 City & State ORLANDO, FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 32808		29 Zip 32808		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country USA		30 Country USA		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
PERRI, JOSEPH C
 4625 OLD WINTER GARDEN RD.
 ORLANDO FL 32811

10. Name and Address of New Registered Agent
 81 Name **PERRI, JOSEPH C.**
 82 Street Address (P.O. Box Number is Not Acceptable)
8566 LANSMERE LANE
 83
 84 City **ORLANDO** **FL** 85 Zip Code **32835**

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 _____
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PERRI, JOSEPH C		1.2 NAME	
STREET ADDRESS 8566 LANSMERE LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32835		1.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PERRI, BONNIE L		2.2 NAME	
STREET ADDRESS 8566 LANSMERE LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32835		2.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PERRI, STEVEN J		3.2 NAME PERRI, STEVEN J.	
STREET ADDRESS 7631 PINE SPRINGS DR.		3.3 STREET ADDRESS 3200 OLD WINTER GARDEN RD. #1337	
CITY-ST-ZIP ORLANDO FL 32819		3.4 CITY-ST-ZIP OCOOE, FL 34761	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PERRI, VICKIE L		4.2 NAME PERRI, VICKIE L.	
STREET ADDRESS 4748 E. MICHIGAN ST., #5		4.3 STREET ADDRESS 17998 S.E., C.R. 452	
CITY-ST-ZIP ORLANDO FL 32812		4.4 CITY-ST-ZIP UMATILLA, FL 32784	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: Vickie L. Perri **VICKIE L. PERRI** 7-22-99 (407)292-2128
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)