## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORROBATIONS

1996	

ļ	1990							
1. Corporation	•	94 (0)						
PERIO	ODIC MONITORING, INC.							
Principal Place	of Business	Mailing Address			1 100 1011 41 10 10111 1086 14444 14	IA GAUL DANK I		
7461 FARRAGUT ST. HOLLYWOOD FL 33024 US		HOLLYWOOD FL 33	7461 FARRAGUT ST. HOLLYWOOD FL 33024 US					
00		US			3. Date Incorporated or Qualified	3a. Date	of Last R	Report
2 Procinal Pi	ace of Business	2a. Mailing Address	·		02/06/1986 4. FEI Number	<u> </u>	05/01/1	
21	GOO D EXAMINES.	26			59-2639532		J	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #. etc.						5 Additional
22		27			5. Certificate of Status Desired			Required
Oity & State		City & State			6. Election Campaign Financing		\$5.0	<b>)0</b> May Be
Zip	Country	<b>28</b> ] Ζιρ	Country		Trust Fund Contribution			ed to Fees
24	25	29]	30		8. This corporation has liability for in Florida Statutes ₩\Yes	ntangible ta \[ \] No	x under s	199.032,
	9. Name and Address of Curren			·	10. Name and Address of New R		Agent	
			81	Name				
	er, Kenneth D. P.A.		82	Street Add	iress (P.O. Box Number is Not Acceptab	le)		
	E. 13TH STREET			ļ <u>.</u>		<u> </u>		
FI. LA	UDERDALE FL 33316		83					
			84	City			85 Zij	ip Code
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statut	es the above r	lamed coroo	ration submits this statement for the our	FL	inaina ite i	registered off an
or register familiar wit	ed agent, or both, in the State of Florid In, and accept the obligations of Section	a. Such chango was authorizate 607,0505. Florida Statutes	red by the corp	oration's boa	ration submits this statement for the pur ard of directors. I hereby accept the appo	pintment as	registered	d agent. Lam
SIGNATURE	,	or issue, rising ciarries	,					
	Signature typed or probed near a of respectives Legent a		F. Englishmed Ages	tsgratur region		DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI			·
NAME	DVP Springer, Debra	DELETE	1.1101E			L	_ Change	☐ Addit:on
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TIFLE	PD	DELETE	14 CITY - S 2 1 TITLE	11 - 11F			Change	Addition
NAME	MAIN MATINES OF		2.2 NAME			_		
STREET ADORESS	7461 FARRAGUT STREET		2.3 STREET	ADDRESS				
CITY - ST - 2IP	HOLLYWOOD FL		2.4.0ITY+S	1 - ZIP				
TITLE		DELETE	3 1 TITLE				Change	☐ Addition
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STREET ADDRESS			3.3 STREET					
CITY-ST-ZIP TITLE		DELFIE	3.4 City - S	1 - Z <sub>1</sub> P				
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NAME			5.2 NAME				. 3-	
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CH v · S	ZIP				
TITLE		DECETE	6 1 THUE				<b>)</b> Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			63STREET	ADDRESS				

14. To 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). Fiorida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and triat 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 or charged, or on an attrainment first an applicance.

SIGNATURE:

SCATURE AND TYPE OR PRINTER NAME of Exempton.

5-1-96 (954) 961-2000