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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

L08869

(4)

MR. PERC. INC.

DOCUMENT #

Principal Place of Business	Mailing Address				
158 GULFVIEW ROAD PUNTA GORDA FL 33950	158 GULFVIEW ROAD PUNTA GORDA FL 33950				



						3. Date incorporated or Quali	nea :	3a. Date of La	
2 Drivoigal FV	lace of Business	10-11-2				08/14/1989	L	06/12	
z. Principai Pi 1	Idde OF DUSINESS	2a. Mailing Address				4. FEI Number		Ţ	Applied For
Suite, Apt. #, etc.		26 Suite Ant II at				65-0140092			Not Applicable
2		stc. Suite, Apt. #, etc.				5. Certificate of Status Desire	d [.75 Additional ee Required
City & State	/ & State City & State					Election Campaign Financia Trust Fund Contribution	.a [5.00 May Be
Zip	Country	Ζiρ	Cou	intry		8. This corporation has liability	for inta		
<u> </u>	25	29	30			1	Yes [. •	
	Name and Address of Curre	ent Registered Agent				10. Name and Address of N	w Regi	stered Agent	
				81	Name				
STEUART, I.K.				B2	Stroot Addro	ss (P.O. Box Number is Not Acce	ntable)		
158 GULFVIEW ROAD				02	Street Addres	SS (F.O. DOX NUMBER IS NOT ACCE	фіаові		
	GORDA FL 33950		ľ	83					
				84	City			FL 85	Zip Code
1. Pursuant	to the provisions of Sections 607.050 red agent, or both, in the State of Flor	2 and 607 1508 Florida St	atutes the abo	LI	amed corporal	tion submits this statement for the			ito societa a d'ad
	Signature, typed or printed name of registered age		·	Agen	t signature required v			DATE	
2.	1	ND DIRECTORS	13.			ADDITIONS/CHANGES TO	OFFICE		
TLE	PST	DELETE	1.11					☐ Char	nge 🔲 Addition
AME	STEUART, I.K.		1.2 NA	ME					
TREET ADORESS	158 GULFVIEW ROAD		1.3 ST	REET	ADDRESS				
TY-ST-ZIP	PUNTA GORDA FL	C DE STE	1401		1-ZIP				
TLF	D	☐ DELETE	2 1 Ti		ļ			Char	nge 🔲 Addition
AME	STEUART, I.K.		2.2 NA						
TREET ADDRESS	158 GULFVIEW ROAD				address				
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AME	ļ	☐ DELETE	3. 1 10					☐ Chan	nge 🔲 Addition
REET ADDRESS			3.2 NA						
TY: \$1-ZIP					ADDRESS				
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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 in attachment with an address.

SIGNATURE	
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INTED NAME OF SIGNING OFFICER OR DIRECTOR