FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L17882** **(6)**

1. Corporation Name

GUTTA PERCHA, INC.

Principal Place of Business	Mailing Address
13857 WELLINGTON TRACE. D-1 WEST PALM BEACH FL 33414	13857 WELLINGTON TRACE. D-1 WEST PALM BEACH FL 33414

3. Date Incorporated or Qualified: **09/21/1989**
3a. Date of Last Report: **03/27/1995**

2. Principal Place of Business	2a. Mailing Address
21 12769 WEST FOREST HILL	26 12769 WEST FOREST HILL
Suite, Apt. #, etc. 22 SUITE E	Suite, Apt. #, etc. 27 SUITE E
City & State 23 WELLINGTON FL	City & State 28 WELLINGTON FL
Zip / Country 24 33414 / 25 USA	Zip / Country 29 33414 / 30 USA

4. FEI Number: **65-0156669** ☐ 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

9. Name and Address of Current Registered Agent

HILDA M. PORRO, ESQ.
13857 WELLINGTON TRACE
SUITE D-1
WEST PALM BEACH FL 33414

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 12769 W. FOREST HILL

83 STE E

84 City: WELLINGTON **FL** 85 Zip Code: 33414

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	P. B. DYE		1.2 NAME		
STREET ADDRESS	13857 WELLINGTON TRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PORRO, HILDA M		2.2 NAME		
STREET ADDRESS	13857 WELLINGTON TRACE, SUITE D-1		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33414		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do 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), 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: P. B. Dye P.B. Dye 1/30/96 (407) 790-6733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)