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04-08-1999 90114 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

i. Corporadoi	MENT # L82623 . PERLOFF, P.A.	,								
					•					
Principal Place	of Business	Mailing Address				- '	1401(4) osi isila 11910 oli	1 1 31661 (()) 0(6)(6	(M)) WIWIL WINLI U	
1177 SE 3 AVE 1177 SE 3 AVE										
FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316							DO NOT V	VRITE IN THIS	SPACE	
						3 Date	Incorporated or Quali		OI NOL	
							2/1990			
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI N	<u> </u>		Ap	plied For
21	add of Boomood	26				65-0	206057		No	t Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.	- /				cate of Status Desire	 d	\$8.75 /	Additional
22		27				5. Certin	cate of Status Desire	· ⊔	Fee Re	equired
City & State)	City & State				6. Election	on Campaign Financ	ing	\$5.00	- 1
23		28					Fund Contribution		Added	to Fees
Zip	Country	Zip	_	untry		1 '	corporation owes the	current year Int		□No
24	25	29	30		_		nal Property Tax.	Booletered	Yes	LINO
	9. Name and Address of Curre	nt Registered Agent		81	Name	TU. Name	and Address of No	M VaAisteren	Agent	_
PERLOFF, JOHN W.										
1177 SE 3 AVE				82	Street Addr	ress (P.O. Bo	x Number is Not Acc	eptable)		
FT LAUDERDALE FL 33316				83	_			_		
					City			FL	85 Zip	Code
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State in familiar with, and accept the obligations.	of Florida. Such change wa	as aumonzeo	a by ti	named corporation	oration submon's board of	nits this statement for directors. I hereby a	the purpose of ccept the appoi	changing its intment as re	registered gistered
3IGNATORE	Signature, typed or printed name of registered aga	ent and title if applicable. (A	- -		signature required	d when reinstating		DATE	:	
12.	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS	13.			ADDIT	IONS/CHANGES TO	OFFICERS AN	Change	Addition
TITLE	PST	☐ DELETE							Change	
NAME	PERLOFF, JOHN W.		1.2 N		ļ					
STREET ADDRESS	1177 SE 3 AVE				ADDRESS					
CITY-ST-ZIP				TY-ST-	ZIP				☐ Change	Addition
TITLE	D	☐ DELETE	1						□ Criange	רוסמונטוו
NAME	PERLOFF, JOHN W.		2.2 N							Ì
STREET ADDRESS	1177 SE 3 AVE	-,	-		ADDRESS			- '	*	1
CITY-ST-ZIP	FT LAUDERDALE FL V	DELETE		CITY-ST	-ZIP		<u> </u>		☐ Change	Addition
TITLE	PERLOFF, CYNTHIA		3.2 N						-; •	
NAME					ADDRESS					
STREET ADDRESS	FT LAUDERDALE FL			CITY-ST						
CITY-ST-ZIP	TT EXODERIDABL TE	DELETE		TILE	-211				☐ Change	Addition
NAME		_		NAME	İ					
STREET ADDRESS					ADDRESS					l
CITY-ST-ZIP	·			HY-ST-						ļ
TITLE		☐ DELETE						_	Change	☐ Addition
NAME			5.2 N							
STREET ADDRESS			5.3 S	TREET	ADDRESS					ļ
CITY-ST-ZIP			5.4 C	TY-ST-	ZIP	_				
TITLE		☐ DELETE	6.1 T	TLE		-	-	•	Change	☐ Addition

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 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 supplied with 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 with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

(454) 762-3400