

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L90697 (8)

1. Corporation Name

PERI, INC.

Principal Place of Business

6757 EDGEWATER COMMERCE PARKWAY
ORLANDO FL 32810
US

Mailing Address

6757 EDGEWATER COMMERCE PARKWAY
ORLANDO FL 32810
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/01/1980	3a. Date of Last Report 03/12/1996
4. FEI Number 59-3020274	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

POOLE, WILLIAM F. IV
644 W. COLONIAL DRIVE
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	BERGMAN, JOHN A.	
STREET ADDRESS	2505 HOFFNER AVE.	
CITY-ST-ZIP	ORLANDO FL	

TITLE	D	DELETE
NAME	HALGREN, CHARLES G.	
STREET ADDRESS	6757 EDGEWATER COMMERCE PARKWAY	
CITY-ST-ZIP	ORLANDO FL	

TITLE	D	DELETE
NAME	POOLE, WILLIAM F. IV	
STREET ADDRESS	644 W. COLONIAL DRIVE	
CITY-ST-ZIP	ORLANDO FL	

TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	Change	Addition
1.2 NAME	STANLEY BERGMAN		
1.3 STREET ADDRESS	135 DUKYER ROAD		
1.4 CITY-ST-ZIP	MELVILLE NY 11747		

2.1 TITLE	DIRECTOR	Change	Addition
2.2 NAME	STEVEN PALADINO		
2.3 STREET ADDRESS	135 DUKYER RD		
2.4 CITY-ST-ZIP	MELVILLE NY 11747		

3.1 TITLE	DIRECTOR	Change	Addition
3.2 NAME	MARK MLOTOK		
3.3 STREET ADDRESS	135 DUKYER RD		
3.4 CITY-ST-ZIP	MELVILLE, NY 11747		

4.1 TITLE	DIRECTOR	Change	Addition
4.2 NAME	JAMES BRASLAWSKI		
4.3 STREET ADDRESS	135 DUKYER RD		
4.4 CITY-ST-ZIP	MELVILLE NY 11747		

5.1 TITLE	CFO	Change	Addition
5.2 NAME	JOHN BERGMAN		
5.3 STREET ADDRESS	2505 HOFFNER AVE		
5.4 CITY-ST-ZIP	ORLANDO FL		

6.1 TITLE	VP	Change	Addition
6.2 NAME	CHARLES HALGREN		
6.3 STREET ADDRESS	6757 EDGEWATER COMMERCE PKWY		
6.4 CITY-ST-ZIP	ORLANDO, FL		

14. I do 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

MARK MLOTOK

M. M. M. M.

716-843-1500

CR2E034 (4/97)