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May 08, 1999 8:00 am
Secretary of State

05-08-1999 90061 033 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **M32995**

1. Corporation Name
PEARL INTERNATIONAL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 1382 LAPALOMA CIR.
 WINTER SPRINGS FL 32708-4835

Mailing Address
 1382 LAPALOMA CIR.
 WINTER SPRINGS FL 32708-4835

3. Date Incorporated or Qualified
06/02/1986

2. Principal Place of Business
 21 **1201 DIVISION ST. N**

2a. Mailing Address
 26 **1201 DIVISION ST. N**

4. FEI Number
59-2721842

Applied For
 Not Applicable

Suite, Apt. #, etc.
 22

Suite, Apt. #, etc.
 27

5. Certificate of Status Desired **\$8.75** Additional Fee Required

City & State
 23 **OVIEDO - FL**

City & State
 28 **OVIEDO - FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Zip
 24 **FL 32765** Country
 25 **SEMINOLE**

Zip
 29 **32765** Country
 30 **SEMINOLE**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
ZAIDI, SYED M. ALI
1382 LAPALOMA CIR.
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
1201 DIVISION ST. N
 83
 84 City **OVIEDO** FL 85 Zip Code **32765**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ZAIDI, SYED M.A.	
STREET ADDRESS	1382 LAPALOMA CIRCLE	
CITY-ST-ZIP	WINTER SPGS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ZAIDI, ALI A.	
STREET ADDRESS	1382 LA PALOMA CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ZAIDI, RIFFAT	
STREET ADDRESS	1382 LAPALOMA CIRCLE	
CITY-ST-ZIP	WINTER SPGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZAIDI, IMRAN	
STREET ADDRESS	1382 LAPALOMA CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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, with all other like empowered.

SIGNATURE: Date: **5.5.99** Daytime Phone #: **407-365-4033**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)