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 # **M46564** **(4)**

1. Corporate Name

PERLEBERG PUBLISHER INC.

Principal Place of Business

212 NE 33RD ST.
FT LAUDERDALE FL 33334

Mailing Address

212 NE 33RD ST.
FT LAUDERDALE FL 33334

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 City, & State
23 Zip 24 Country 25

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City, & State
28 Zip 29 Country 30

3. Date Incorporated or Qualified: **02/13/1987**

3a. Date of Last Report: **04/03/1995**

4. FEI Number: **65-0001720** 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 is liable for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PERLEBERG, ACHIM
1440 SO OCEAN BLVD #9A
POMPANO BCH FL 33309

212 NE 33 ST
FT. LAUD. FL 33334

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 Section 607.0505, 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. Signature of a corporate officer or director, or a receiver or trustee or other fiduciary, or a corporate agent, and acceptance of appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PDC	☐ DELETE
NAME	PERLEBERG, ACHIM	
STREET ADDRESS	1440 SO OCEAN BLVD #9A	
CITY, ST, ZIP	POMPANO BCH FL	
TITLE	VST	☐ DELETE
NAME	FRANKENHAUSER, MICHAEL	
STREET ADDRESS	1440 SO OCEAN BLVD #9A	
CITY, ST, ZIP	POMPANO BCH FL	
TITLE	M	☐ DELETE
NAME	CEPEDA, PATRICIA S.	
STREET ADDRESS	296 NW 79 AVE	
CITY, ST, ZIP	PLANTATION 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

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS	212 NE 33 ST	
14 CITY, ST, ZIP	FT. LAUDERDALE, FL 33334	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS	212 NE 33 ST	
24 CITY, ST, ZIP	FT. LAUDERDALE, FL 33334	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS	212 NE 33 ST	
34 CITY, ST, ZIP	FT. LAUDERDALE, FL 33334	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true and correct, and that I am authorized to file this report under the provisions of Section 607.0505, Florida Statutes. I further certify that the information indicated on this report or supplemental information to this report is true and correct. I further certify that I am an officer or director of this corporation or the receiver or trustee or other fiduciary or a corporate agent required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in the attached list, with my title.

SIGNATURE: Patricia S. Cepeda, mgr. 3/25/96 954 566 8919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA S. CEPEDA