

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Sep 08, 1999 8:00 am  
Secretary of State

09-08-1999 90005 006 \*\*\*\*61.25

DOCUMENT # N96000005936

Corporation Name

PERRINE ELEMENTARY P.T.A., INC.

Principal Place of Business

8851 S.W. 168TH ST  
MIAMI FL 33157

Mailing Address

8851 S.W. 168TH ST  
MIAMI FL 33157



Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	11/18/1996
City & State	City & State	4. FEI Number
Zip	Zip	65-0775866
Country	Country	Applied For
25	29	Not Applicable
26	27	5. Certificate of Status Desired
28	30	\$8.75 Additional Fee Required
		6. Election Campaign Financing
		Trust Fund Contribution
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BERBRICK, EVALEE  
17420 S.W. 92ND COURT  
MIAMI FL 33157

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

I, Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	2. NAME	1.1 TITLE	1.2 NAME
3. STREET ADDRESS	4. CITY-ST-ZIP	3.1 TITLE	3.2 NAME
5. CITY-ST-ZIP	6. CITY-ST-ZIP	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
7. CITY-ST-ZIP	8. CITY-ST-ZIP	4.1 TITLE	4.2 NAME
9. CITY-ST-ZIP	10. CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
11. CITY-ST-ZIP	12. CITY-ST-ZIP	5.1 TITLE	5.2 NAME
13. CITY-ST-ZIP	14. CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
15. CITY-ST-ZIP	16. CITY-ST-ZIP	6.1 TITLE	6.2 NAME
17. CITY-ST-ZIP	18. CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)