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PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000011047 (7)

PEROMA CORPORATION

Principal Plac	ce of Business	Mailing Address	Mailing Address				8 IBII 9 11011 2011 BBIII 80	JIH HOUD I HUUDI IA	911 87111 813	
G/O DENNIS S GOLD ESO 2335 TAMIANI TRAIL N #301		2335 TAMIAMI TI	2335 TAMIAMI TRAIL N STE 301		İ					
		•				DO NOT WRITE IN THIS SPACE				
NAPLES FL 3	34103	NAPLES FL 3394	iO .			3. Date Incorp	orated or Qualified	- 17 17 110 01	TOL	
"						12/08/19				
	Place of Business	2a. Mailing Addre			***	4. FEI Numbe			Ar	oplied For
21		26 2335 Ta		<u>Trail</u>	No.	65-039	2336		No.	ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of	of Status Desired			Additional
22 City & Ctot		27 Suite 3	01							equired
City & State		├ ,, ,	28 Naples, FL			1	mpaign Financing Contribution	П		May Be to Fees
Zip	Country	Zip		Country			ation owes or has pa	eid the currer		
24	25	29 3410	3 30	_ `	USA		operty Tax due June	-	· -] No
	9. Name and Address of Curr	ent Registered Agent				10. Name and	Address of New Re	gistered Ag	ent	
DE	NNIS S GOLD, ESQ			81	Name					
2335 TAMIANI TRAIL N SUITE 301					Street /	Address (P.O. Box Number is Not Acceptable)				
							1655 (1.0. DOX Normber 15 Not Acceptable)			
NA NA	PLES FL 34103			83						
1				84	City		<u>. </u>		85 Zip	Code
44 2	to the provisions of Sections 607.0	500 1 002 1500 First	04-1-4							
office or r	registered agent, or both, in the Sta	ite of Florida. Such chance	oe was auth	harized by	the corp	corporation submits the	s statement for the p ctors. I hereby accep	pt the appoir	ianging it itment as	registered
agent. La	m familiar with, and accept the obl	igations of, Section 607.0	0505, Florid	ia Statutes	i.					
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable	INOTE: Be	egistered Age	nt signature	required when reinstating)		DATE		
SIGNATURE 12.	Signature typed or printed name of registered of OFFICERS A	agent and title if applicable	(NOTE: Re	egistered Age	nt signature	required when reinstating) ADDITIONS/	CHANGES TO OFFIC	DATE CERS AND D	IRECTOF	RS IN 12
					nt signature		CHANGES TO OFFIC	CERS AND D	IRECTOR	RS IN 12
12.	OFFICERS A	ND DIRECTORS		13.	nt signature		CHANGES TO OFFIC	CERS AND D		
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14. Thereby 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 chaptal, or one attachment with an address.

941-Dennis S. Gold, Director 2/17/98 649-4658

FILED

Feb 23 1998 8:00am

Secretary of State