Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90038 040 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000011047

1. Corporation Name

PEROMA CORPORATION

Principal Place of Business		Mailing Address					101 (102) 1(5)(50)	# 4 1411 1941 1881
C/O DENNIS S GOLD ESO 2335 TAMIANI TRAIL N #301		2335 TAMIAMI TRAIL N						
		STE 301				DO NOT WRITE IN THIS SPACE		
NAPLES FL 34103 US -		NAPLES FL 33940 34103			3. Date Incorporated or Qualifed			
00		;				12/08/1992		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26 2335 Tamiami Trail North			th	65-0392336	P	lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	¥	Additional	
22	<u> </u>	27 Suite 301					 	Required
City & State	e	City & State Naples, FL				6. Election Campaign Financing		May Be to Fees
23		^				Trust Fund Contribution		1 to rees
Zip	Country	├── 34103 ┌ ─	U U	SA		This corporation owes the current year Personal Property Tax.	intangible ☐ Yes	No
24	25		- ["			10. Name and Address of New Register		
9. Name and Address of Current Registered Agent				Name			- X	
DENNIS S GOLD, ESQ				82 Street Address (P.O. Box Number is Not Acceptable)				
2335	TAMIANI TRAIL N		82	Street	Addres	ss (P.O. Box Number is Not Acceptable)		
SUITE 301			83	1				
NAP	LES FL 34103					<u>-</u>	- 85 Zip	Code
			84	City		F	ŦĹ│°Ÿ│┴╬	Code .
office of n agent. I a SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent is	Florida. Such change was authorons of, Section 607.0505, Florida Sand title if applicable. (NOTE: Regis	Ized by Statute: tered Age	the corpo	oration	ration submits this statement for the purpose is board of directors. I hereby accept the ap	politine it as i	egistered
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS	Change	
TITLE	PT PETER	_	I.2 NAME				Ç.)	
NAME	Dicti, 1 Lich							ļ
STREET ADDRESS	TIOT OFFICE VEST			1.3 STREET ADDRESS				}
CITY-ST-ZIP TITLE	00///// 01///// 02//		2.1 TITLE				☐ Change	Addition
NAME				ĺ				
DIETE, NOCEMAN				TADDRESS				
CITY-ST-ZIP	BOARTA CODINOC EL			ST-ZIP				. 1
-TITLE			3.1 TITLE	_		and the second s	~ Change	Addition
NAME	AST, RENE'		3.2 NAME					
STREET ADDRESS	4099 TAMIAMI TRAIL NORTH		3.3 STREE	TADDRESS				ļ
CITY-ST-ZIP	NAPLES FL		3.4. CITY+	ST-ZIP				
TITLE	D	☐ DELETE	4.1 TITLE				Change	e
NAME	GOLD, DENNIS S		4. 2 NAME	:				
STREET ADDRESS	2335 TAMIAMI TRL N, SUITE 30	1	4.3 STREE	T ADDRESS		,		
CITY-ST-ZIP	NAPLES FL 34103		4.4 CITY-					A ddistant
TITLE		_	5.1 TITLE]		Change	e Addition
NAME			5.2 NAME					1
STREET ADDRESS	., .			T ADDRESS				Ì
CITY-ST-ZIP			5.4 CITY:	`			☐ Change	e
TITLE	,		6.2 NAME					
NIALEC			I VUIIE					

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 mpowered 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. 649-

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

JUIREDennis S. Gold, Director SIGNING OFFICER OR DIRECTOR