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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

P93000045901 (4)

PERIPLOS, INC.

## FILED Apr 28 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					
4106 NW 65TH AVE 4106 NW 65TH AVE					
CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067				DO NOT WRITE IN THIS SPACE	
<b>US</b> US				3. Date Incorporated or Qualified	10 07 102
				06/21/1993	
2 Principal P	Place of Business	35 2a. Mailing Address	# 35	4. FEI Number	Applied For
21 13814	F OFFREY MEST L	fue 26 13814 OSPREY	MOST LANE	65-0423329	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	local cure		\$8.75 Additional
22 ORL1			fe.	5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24 32.8	37 ≥5 U.S.#	29 37.837 30	a WA	Personal Property Tax due June 30.	Yes No
		Current Registered Agent		10. Name and Address of New Register	red Agent
LUIS, VERA 81 Name					
	106 NW 65TH AVE	Iress (P.O. Box Number is Not Acceptable)			
SUITE 122				ress (F.O. Box Namoer is Not Acceptable)	
CORAL SPRGS FL 33067					
•			44 8		
			84 City	The state of the s	B5 Zip Code
11 Pursuant to the provisions of Sections 607 0502 and 607 1508 Flouda 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 Signature: typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE					
12.		ERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	VICIDA ILIINO I	<del></del>	1.2 NAME		
STREET ADDRESS	4106 NW 65TH AVE	13814 aimed hert Live	1.3 STREET ADDRESS		
CITY-ST-ZIP	COBAL-SPRINGS FL	# 35. ALLANDO, FL 32837	1.4 CITY-ST-ZIP		
TITLE	VD	DELETE	2.1 TITLE		Change Addition
NAME		13814 OSPREY MEST LANE	2.2 NAME		
STREET ADDRESS	4106 NW-65TH AVE.	13017 031007 104 2013	2.3 STREET ADDRESS		
	COBAL-SPRINGS FL	# 35. ORLANDO, PC 32837	2. 4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	OGENE OF THIT GO T E	DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
			4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE		Change Addition
		_ orecie	5.7 MICE 5.2 NAME		
NAME OVOCET ADDOCCO					
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DFLETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
TITLE		bittelt	6.2 NAME		change naution
NAME			l		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	partifu that the information ever	onlied with this filing does not qualify for t	6.4 CITY-ST-ZIP	Section 119.07(3)(i), Florida Statutes. I furthe	or certify that the information
in inereby (	certify that the information suf	spiled with this ming does not quality for t	tie exemption stated in	i Section 119.07(3)(i), Florida Statoles. I furine	or Control 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 a address.

CICHATURE

4/21/97

(407)8169449