SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1996

P93000049769 (1)

PELIM, INC.						
Principal Piace	e of Business	Mailing Address				88/11/ 808/8 181/1/ 18 5 /8 3 1/48 1 9 11/4 5
1515 S FLAG	BLER DRIVE	1515 S FLAGLER DRIV	/F			
APT 604 APT 604						
WEST PALM BEACH FL 33401 W		WEST PALM BEACH F	WEST PALM BEACH FL 33401			3a. Date of Last Report
					07/12/1993	10/13/1995
-¬, '		 	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. i	# etc	Suite, Apt. #, etc.			65-0423402	Not Applicable
2		27		5. Certificate of Status Desired	38.75 Additional Fee Required	
City & State	е	City & State		***	6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Countr	У	8. This corporation has liability for inta	
24	25 9. Name and Address of Curre	29	30			Yes No
		ant Medisteren Afferin	81	Name	10. Name and Address of New Regis	itered Agent
	MPSEY, W. GLENN ESQ.	DALADINO		L		
	OGERS, BOWERS, DEMPSEY & 5 SOUTH FLAGLER DRIVE, SU		82	Street Add	iress (P.O. Box Number is Not Acceptable)	
WEST PALM BEACH FL 33401		HE 1330	83	1		
***	EOT TALM DEAOUTE 30701					T-1 - 0 :
			84	City		FL 85 Zip Code
12.		ND DIRECTORS	O'E Flog stered Ag	ครประสูกสปพล ชองุน	red when recentatings ADDITIONS/CHANGES TO OFFICER	DAIL RS AND DIRECTORS IN 12
TITLE	D	DELETE	1 1 TITLE			Change Addition
NAME	HERLIHY, FRANCIS B		1.2 NAME			
STREET ADDRESS	1515 S. FLAGLER DR., APT WEST PALM BEACH FL 33-			TADDRESS		
CITY - ST - ZIP TITLE	PST PALM DEACH PL 33	DELETE	2.1 THILE	ST-ZIP		Change Address
NAME	DE AGRO, GIUSEPPE		2 2 NAME	-		Change Addition
STREET ADDRESS	20124 MILANO			T ADDRESS		
CITY-ST-ZIP	MAI DALATTI 40 ITALV		2 4 CITY -			
TITLE		DELETE	3 1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			1	ADDRESS		
CITY - ST - ZIP TITLE		DELETE	3.4 CITY - 4.1 TITLE	S1-ZIP		Chan
NAME			4 2 NAME			Change Addition
STREET ADDRESS				ADORESS		
CITY-ST-ZIP			4.4 CiTY - 5	• • • • • • • • • • • • • • • • • • • •		
TITLE		DELETE	5 1 TITLE			Change Addition
NAME			5 2 NAME			
STREET ADDRESS			53STREE	ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - 3	ST-ZIP		
TITLE		beceit	6 1 TITLE 62 NAME			Change Addition
NAME I			6.3 STREET	Anness		
NAME STREET ADDRESS			6.4 CiTY - 5			
NAME STREET ADDRESS CITY-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP 14. I do hereb	y certify that the information supplie	ed with this filing is voluntarily f	urnished and	does not qual	lify for the exemption stated in Section 119	07(3)(k), Florida Statutes
STREET ADDRESS CITY-ST-ZIP 14. I do hereb further cer made und	rtify that the information indicated br ler oath; that I am an officer or direc	n this annual report or supplem tor of the corporation or the rec	iental annual r ceiver oz truste	eport is true a se empowered	and accurate and that my signature shall be	ave the come local offect as if
STREET ADDRESS CITY-ST-ZIP 14. I do hereb further cer made und	'tity' that the information indicated or	n this annual report or supplem tor of the corporation or the rec	iental annual r ceiver oz truste	eport is true a se empowered dress	lify for the exemption stated in Section 119 and accurate and that my signature shall hid to execute this report as required by Cha	ave the come local offect as if