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 # P93000053387 (5)

FILED
May 04 1998 8:00am
Secretary of State

Perception Business Mailing Address 784 LIS HOWN # 1 SUITE 14 NORTH PALM BEACH FL 3306 N		RHS C	ONSULT	ANTS, INC.		•									
2. Principal Place of Duelmoss 2a, Mailing Address 37, Mailing	784 U.S. HIGHWAY #1 784 U.S. HIGHWAY #1 SUITE 14							8						9111 1821 182 1	
22	· '	A CHILD I CICK		30190	1011	THE CLACK	C 00100				3. Date Incorporated or Qualified				
Supplies	2.	Principal Pl	lace of Busin	ness	2a . Ma	2a. Mailing Address				-+	4. FEI Number		A	pplied For	
Coly & State	21	5									65- <u>04</u> 30875				
City & State Country Zij Zij	20	–			\vdash	<u> </u>					5. Certificate of Status Desired	, 🗆			
29	22	City & State									6 Flection Campaign Financing				
15 28 39 Personal Property Tax due June 30. Yes 1	23					28					· -				
Name and Address of Current Registered Agent		Zip						Country 8.							
HARRIS, GEORGE E 11380 PROSPERITY FARMS ROAD SUITE 14 PALM BEACH GARDENS FL 33410 82 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Socions 607 0f-07 year of 607, 1508, Florida Statutes. The adversarial street and of directors. Thereby accept the appointment as registered eighent, or both, in the State of Lorente Such change was authorized by the corporation's barried of directors. Thereby accept the appointment as registered eighent. I am flam with, and accept the obligations of, Socion 607 0506, Florida Statutes. SIGNATURE 12. OF FIGURES AND DIRECTIONS SIGNATURE SIMPLE PROVIDE SAMPLE STATE	24							,	•						
TITLE DELETE 133 MITH, ROBERT H 784 MB EACH FL 134 MITH 135 MITH 1		LIA			ir uaðisraia	o wasur		B1	Name		(I), Name and Address of New I	redisteted t	78eur		
SUITE 14 PALM BEACH GARDENS FL 33410 84 Oity PL 85 Zip Code 11. Pursuant to the provisions of Sections 607 1508. Florids Statutes. The abover-named consortation authinite this statement for the purpose of dealinging its registered agent, or both, with State of I forth. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, with State of I forth. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, with State of I forth. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, with the State of I forth. Statutes SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. TITLE SMITH, ROBERT H 784 U.S. HIGHWAY ONE, SUITE 14 NORTH PALM BEACH FL 1.3 TITLE 1.2 YAME 2.2 NAME 2.3 SIRECT ADDRESS OITY-ST-2P TITLE 1.3 TITLE 1.3 TITLE 1.3 TITLE 1.4 CHANGE 2.3 SIRECT ADDRESS OITY-ST-2P TITLE 1.4 TITLE 1.5 T					1										
PALM BEACH GARDENS FL 33410 83				LIIII I ANIIIO NOAD					Street Ad	ddress	(P.O. Box Number is Not Accept	able)			
11. Pursuant to the provisions of Soctions 607 (6/02 and 607 1508. Florida Statutes. the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with and accord the obligations of, Soction 607 0505. Florida Statutes SIGNATURE Total maintain with and accord the obligations of, Soction 607 0505. Florida Statutes				GARDENS FL 33410)			83				··			
11. Pursuant to the provisions of Soctions 607 (6/02 and 607 1508. Florida Statutes. the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with and accord the obligations of, Soction 607 0505. Florida Statutes SIGNATURE Total maintain with and accord the obligations of, Soction 607 0505. Florida Statutes								84	City				85 7in	Code	
SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNAT									•						
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		GNATURE .											pintment as	s registered	
TITLE	12		Signature, typed					d Age	nt signature re	equired w			DIRECTO	DO IN 40	
STREET ADDRESS 784 U.S. HIGHWAY ONE, SUITE 14 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			D	OTTIOE TION	D DIRECTO			TLE	<u>-</u>		ADDITIONS/CHANGES TO OFF	ICERS AND			
CHTY-ST-ZP NORTH PALM BEACH FL	NA.]	
TITLE	STI				TE 14 1.3 S			REET	ADDRESS						
NAME			NORTH	PALM BEACH FL					T-ZIP						
STREET ADDRESS 23 STREET ADDRESS 24 CITY - ST - ZIP						☐ DELETE	l.						Change	☐ Addition ☐	
OTY-ST-ZIP	_								ADDOLCC						
TITLE DELETE 31 TITLE Change Addition NAME 32 NAME 32 NAME															
STREET ADDRESS 33 STREET ADDRESS 34. CITY-ST-ZIP						DELETE			11-211				Change	Addition	
STREET ADDRESS DELETE Addition	NA	ME					3.2 N/	AME					_		
TITLE DELETE 41 TITLE Change Addition NAME 4 2 NAME	STI	REET ADDRESS					3 3 51	HEET	ADDRESS					ļ	
NAME	CIT	Y-ST-ZIP					3.4. C	ITY-S	1-2IP						
STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 6.1 TITLE 6.1 TITLE 6.2 NAME 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.5 CIT		4				☐ DELETE							Change	Addition	
CITY-ST-ZIP		1													
TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition NAME DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP															
NAME						DELETE		****	I- AP				Change	Addition	
STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP												•			
CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP		1							ADDRESS						
TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP							1							l	
STREET ADDRESS CITY-ST-ZIP 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP						☐ DELET E			1				Change	Addition	
CITY-ST-ZIP 6.4 CITY-ST-ZIP	NAI	ME					6.2 NA	AME						ŀ	
	STE	REET ADDRESS					6.3 ST	REET.	ADDRESS						
			artific that at	n information - make a	eto aloje filio	descent = -T/C /					25-11 440 03/0VD St-23- 00-11	1 d. mate	214 . 21 · ·		

14. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachingst with an address.

CONSTUDE OF STATE OF THE STATE

100,100 47.1 424.111