FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -7 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000054669 (5)**

1. Corporation Name

PERCEPTION, INC.

Principal Place of Business	Mailing Address
11662 LAKE SHORE PL NORTH PALM BEACH FL 33408	11662 LAKE SHORE PL NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/02/1993
3a. Date of Last Report: 06/03/1994

2. Principal Place of Business
21: 930 Malaga Avenue
22: Suite, Apt. #, etc.
23: City & State: Coral Gables, FL
24: Zip: 33134
25: Country: USA

2a. Mailing Address
26: 930 Malaga Avenue
27: Suite, Apt. #, etc.
28: City & State: Coral Gables, FL
29: Zip: 33134
30: Country: USA

4. FEI Number: 65-0430873 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DOYLE, MARTIN E
ONE SE 3RD AVE
24TH FL
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida 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 _____ DATE
(Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when executing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, EDWARD	1.2 NAME	
STREET ADDRESS	4001 NW 97TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	~~V~~	2.1 TITLE	S/T ☐ Change ☒ Addition
NAME	~~SCOTT, GUY~~	2.2 NAME	Judith Bolster
STREET ADDRESS	~~11662 LAKE SHORE PL~~	2.3 STREET ADDRESS	5981 S. W. 85th Street
CITY-ST-ZIP	~~NORTH PALM BEACH FL~~	2.4 CITY-ST-ZIP	Miami, FL 33143
TITLE	DC	3.1 TITLE	☐ Change ☐ Addition
NAME	DOYLE, MARTIN	3.2 NAME	
STREET ADDRESS	1-2300 SE THIRD AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	VP ☒ Change ☐ Addition
NAME	VARA, ALBERT	4.2 NAME	
STREET ADDRESS	730 CREMONA AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	POLLAY, RICHARD	5.2 NAME	
STREET ADDRESS	171 N. CLARK ST 32ND FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	KARLIN, GARY	6.2 NAME	
STREET ADDRESS	225 N. MICHIGAN AVE STE 15-A	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 changed, or on an attachment with an address.

SIGNATURE: Martin E Doyle 3-1-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0247702 CP