

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000054669 (5)

1. Corporation Name

PERCEPTION, INC.



Principal Place of Business

930 MALAGA AVE
CORAL GABLES FL 33134
US

Mailing Address

930 MALAGA AVE
CORAL GABLES FL 33134
US

3. Date Incorporated or Qualified
08/02/1993

3a. Date of Last Report
03/07/1995

2. Principal Place of Business

2a. Mailing Address

21 9344 N.W. 13 Street

26 9344 N.W. 13 Street

4. FEI Number

65-0430873

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 200

27 Suite 200

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 Miami, Florida

28 Miami, Florida

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33172

25 USA

29 33172

30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Doyle, Martin E.

82 Street Address (P.O. Box Number is Not Acceptable)

9344 N.W. 13 Street Suite 200

83

84 City

Miami

FL

85 Zip Code
33172

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P D ☐ DELETE
NAME MILLER, EDWARD
STREET ADDRESS 4001 NW 97TH AVE
CITY-STATE-ZIP MIAMI FL

TITLE ST ☒ DELETE
NAME BOLSTER, JUDITH
STREET ADDRESS 5981 SW 85TH ST
CITY-STATE-ZIP MIAMI FL

TITLE DC ☐ DELETE
NAME DOYLE, MARTIN
STREET ADDRESS 1-2300 SE THIRD AVE
CITY-STATE-ZIP MIAMI FL

TITLE VP ☐ DELETE
NAME VARA, ALBERT
STREET ADDRESS 730 CREMONA AVE
CITY-STATE-ZIP CORAL GABLES FL

TITLE D ☐ DELETE
NAME POLLAY, RICHARD
STREET ADDRESS 171 N. CLARK ST 32ND FLOOR
CITY-STATE-ZIP CHICAGO IL

TITLE D ☐ DELETE
NAME KARLIN, GARY
STREET ADDRESS 225 N. MICHIGAN AVE STE 15-A
CITY-STATE-ZIP CHICAGO IL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME ST
2.3 STREET ADDRESS Patrick, Martha
2.4 CITY-STATE-ZIP 9344 N.W. 13 St. Suite 200
Miami, FL 33172

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME DC
3.3 STREET ADDRESS Doyle, Martin E.
3.4 CITY-STATE-ZIP 9344 N.W. 13 St. Suite 200
Miami FL 33172

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96 (305) 593-5505

Date

Daytime Phone #

CR2E034 (12/95)