

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 03, 1999 8:00 am  
Secretary of State

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1. Corporation Name  
PERCEPTION, INC.

Principal Place of Business  
9344 N.W. 13 STREET  
SUITE 200  
MIAMI FL 33172  
US

Mailing Address  
9344 N.W. 13 STREET  
SUITE 200  
MIAMI FL 33172  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1993

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

DOYLE, MARTIN E.  
9344 N.W. 13 STREET SUITE 200  
MIAMI FL 33172

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME MILLER, EDWARD  
STREET ADDRESS 4001 NW 97TH AVE  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME PATRICK, MARTHA  
STREET ADDRESS 9344 N.W. 13 ST. SUITE 200  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME DOYLE, MARTIN  
STREET ADDRESS 9344 N.W. 13 ST SUITE 200  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME VARA, ALBERT  
STREET ADDRESS 730 CREMONA AVE  
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ DELETE

NAME POLLAY, RICHARD  
STREET ADDRESS 171 N. CLARK ST 32ND FLOOR  
CITY-ST-ZIP CHICAGO IL

TITLE ☒ DELETE

NAME KARLIN, GARY  
STREET ADDRESS 225 N. MICHIGAN AVE STE 15-A  
CITY-ST-ZIP CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME D  
1.3 STREET ADDRESS Gordon, Alan D.  
1.4 CITY-ST-ZIP 233 S. Wacker DR; #9330  
Chicago, IL 60606

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME D  
3.3 STREET ADDRESS Possati, Marco  
3.4 CITY-ST-ZIP 3725 Leafy Way  
Miami, FL 33133

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME CD  
5.3 STREET ADDRESS Watson, Marc  
5.4 CITY-ST-ZIP 2950 SW 27th Ave; # 110  
Miami, FL 33133

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (11/98)