

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

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90078 018 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # P93000068489**

1. Corporation Name  
**PERICLES INC.**

Principal Place of Business  
**C/O KB HOLDINGS / 647 E. DANIA BCH BLVD  
DANIA FL 33004**

Mailing Address  
**C/O KB HOLDINGS / 647 E. DANIA BCH BLVD  
DANIA FL 33004**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/27/1993**

4. FEI Number  
**65-0452328**

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 **Dania Beach, FL**

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 **Dania Beach, FL**

29 Zip Country

9. Name and Address of Current Registered Agent

**WAGNER, J  
C/O KB HOLDINGS  
647 EAST DANIA BEACH BOULEVARD  
DANIA FL 33004**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **DANIA BEACH**

FL

85 Zip Code **33004**

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	DP	<input type="checkbox"/> DELETE
NAME	BOULIS, GUS	
STREET ADDRESS	C/O KB HOLDINGS / 647 E. DANIA BCH BLVD	
CITY-ST-ZIP	DANIA FL 33004	

TITLE	VST	<input checked="" type="checkbox"/> DELETE
NAME	WAGNER, J	
STREET ADDRESS	C/O KB HOLDINGS / 647 E. DANIA BCH BLVD	
CITY-ST-ZIP	DANIA FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PVSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Boulis, G.	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	Dania Beach, FL 33004	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED BOULIS, PRES.**

Date

954/922-6700  
Daytime Phone #

CR2E034 (11/98)