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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000037974 (0)

PERICLES INVESTMENT GROUP, INC.

FILED Feb 04 1997 8:00am Secretary of State



	Business	Ma	ailing Address			1 100111001 110 7814 01011		BIRK ISEN IÆBIR IBIN	14011 4181 1301
7441 N TAMIAMI TR			1 N TAMIAMI TRA	NIL					
			ARASOTA FL 34243-1808						
						3. Date Incorporated of 05/19/1994	or Qualified	3a. Date of La 05/01/199	
2. Principal Place	of Business	2a.	Mailing Address	3 1		4. FEI Number		33,3,7	Applied For
21		26	2033 6	WOOD	<i>TI.</i>	65-0659398			Not Applicable
Suite, Apt #, e	·lc.		Suite, Apt. #, etc	C.		5. Certificate of Status	Desired		5 Additional
22		27	SUITE	180		o, Certificate of States	Dosiloo	Fe	Required
City & State		ļ ₁	City & State	CATA		6. Election Campaign	_		00 May Be
23 Zip	Country	28	Zip		ntry	Trust Fund Contribu			led to Fees
24	25	29	"34221	7 30	i iti y	8. This corporation has Florida Statutes		tangible tax und Yes [] No	er:s. 199.032,
	Name and Address of Cur		tered Agent	[130]		10. Name and Address			
	(, CARL E	Y			81 Name				***************************************
	TAMIAMI TRAIL				90 Curren	Add (D.O. O N	lat Aanamaahia		
	OTA FL 34243				82 Street	Address (P.O. Box Number is N	o Acceptable	3)	
0					B3	BUTTO IA			
					84 City _	one m			#18-3-
					84 City €	SALASOTA		FL 85	12337
11. Pursuant to th	e provisions of Sections 607.0	0502 and 60	07.1508, Florida	Statutes, the a	oove-named	corporation submits this statem	ent for the pu	rpose of changi	g ils registered
 office or regis agent. I am fa 	stered agent, or both, in the St amiliar with, and accept the ob	ate of Florid digations of	da. Such change I. Section 607.050	was authorize 05, Florida Stat	d by the corp utes.	poration's board of directors, I h	ereby accept	tne appointmen	t as registered
SIGNATURE:	·	·							
Sign.	aturc. Typed or printed name of registered				Agent signature	required when reinstating)		DATE	
12.	OFFICERS.	AND DIREC		13.		ADDITIONS/CHANGE	S TO OFFICE		
TITLE P			☐ DELET	TE 1.1 %	ILE			Char	nge 🔲 Addition
i na	ATDICK CAOLE						_		
	ATRICK, CARL E			1,2 N		DOKA ERAL	5T. SUI	TE 120	
STREET ADDRESS 74	141 N TAMIAMI TRAIL			1,3 \$	reet address	SAPARATO	ST. SUL	TE 120	
STREET ADDRESS 74			DELET	1.3 S 1.4 D	REET ADDRESS TY-ST-ZIP	SARASUTA, F	5T, 5U, 24	1866	nge Addition
STREET ADDRESS 74 CITY-ST-ZIP SA	141 N TAMIAMI TRAIL ARASOTA FL 34243		☐ DELET	1.3 S 1.4 C TE 2.1 TI	reet address Ty-st-zip Tle	2033 WOOD SARASOTA, F	2 34	Char	nge Addition
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I do 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 12 or Block 16 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Prione #