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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000037974 (0)

1. Corporation Name

PERICLES INVESTMENT GROUP, INC.



Principal Place of Business

Mailing Address

7441 N TAMiami TRAIL
SARASOTA FL 34243

7441 N TAMiami TRAIL
SARASOTA FL 34243-1808

3. Date Incorporated or Qualified
05/19/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 2033 WOOD ST.

22 City & State

27 SUITE 120

23 Zip

25 Country

28 SARASOTA

29 Zip

30 Country

34237

4. FEI Number

65-0659398

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

10. Name and Address of New Registered Agent

PATRICK, CARL E
7441 N TAMiami TRAIL
SARASOTA FL 34243

81 Name

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

83 SUITE 120

84 City SARASOTA

FL

85 Zip Code

34237

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
NAME PATRICK, CARL E
STREET ADDRESS 7441 N TAMiami TRAIL
CITY - ST - ZIP SARASOTA FL 34243

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 2033 WOOD ST. SUITE 120
1.4 CITY - ST - ZIP SARASOTA, FL 34237

☒ Change

☐ Addition

TITLE V
NAME PATRICK, KAREN A
STREET ADDRESS 7441 N TAMiami TRAIL
CITY - ST - ZIP SARASOTA FL 34243

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 2033 WOOD ST. SUITE 120
2.4 CITY - ST - ZIP SARASOTA, FL 34237

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change

☐ Addition

14. 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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)