

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000037974

1. Corporation Name

PERICLES INVESTMENT GROUP, INC.

Principal Place of Business

7400 International Dr.
Orlando, FL 32819

Mailing Address

30910 Telegraph Road
Bingham, MI 48025

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 5/19/94	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 68-0659398	☒ Applied For ☐ Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required ☐ \$5.00 May Be Added to Fees	6. Election Campaign Financing Trust Fund Contribution ☐
9. Name and Address of Current Registered Agent Carl E. Patrick, Esquire 7441 N. Tamiami Trail Sarasota, Florida 34241				10. Name and Address of New Registered Agent	
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 authorized and accept the obligations of, Section 607.0505, Florida Statutes.				81. Name Carl E. Patrick, Esquire	
SIGNATURE: 				82. Street Address (P.O. Box Number is Not Acceptable) 2828 Proctor Road	
				83. City Sarasota	
				84. Zip Code FL 34231	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY- ST- ZIP	☐ Change ☐ Addition

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 included 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 required for person named as registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

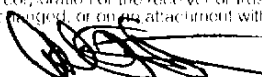
DATE

9/29/98

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SIGNATURE:



Hanna O. Karcho

9/29/98

941 924 6677

CR2E034 (5/98)