

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **P94000057563**

1. Corporation Name

**PEARL & ASSOCIATES, INC.**

Principal Place of Business

ONE SOUTH OCEAN BOULEVARD  
SUITE 312  
BOCA RATON FL 33432  
US

Mailing Address

ONE SOUTH OCEAN BOULEVARD  
SUITE 312  
BOCA RATON FL 33432  
US

2. Principal Place of Business

**21**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**22**

Suite, Apt. #, etc.

**27**

City & State

**23**

City & State

**28**

Zip. \_\_\_\_\_ Country \_\_\_\_\_

**24**

Zip \_\_\_\_\_

**25**

Country \_\_\_\_\_

**29**

**30**

9. Name and Address of Current Registered Agent

**PEARL, CHRIS  
ONE S. OCEAN BLVD.  
SUITE 312  
BOCA RATON FL 33432**

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

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

TITLE

NAME

STREET ADDRESS

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Laura Pearl*

FILED  
Jul 14, 1999 8:00 am  
Secretary of State

07-14-1999 90011 038 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/02/1994**

4. FEI Number **65-0510525** Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

6. Election Campaign Financing  \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.  Yes  No

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

*Laura Pearl  
943 SW 5TH STREET  
BOCA RATON FLORIDA 33432*

CR2E034 (5/99)

58810-9001-38  
P94000057563



ONE SOUTH OCEAN BOULEVARD, SUITE 312  
BOCA RATON, FLORIDA 33432

Division of Corporations  
Annual Reports Filings

Division of Corporations,

I did not receive a first notice for this filing, consequently my corporation filing is late. I just received this on June 30th. I am requesting that I can pay \$150.00 to keep my corporation filed.

I spoke with Ed in your office on 7/2/99, he stated to send in payment as I am.

Your cooperation in this matter is sincerely appreciated.

Sincerely,

Christopher Pearl