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FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000067131 (0)

1. Corporation Name

ELIZA PERRY, INC.



Principal Place of Business

Mailing Address

C/O JONATHAN H. GREEN, P.A.
2400 SOUTH DIXIE HIGHWAY STE. 105
MIAMI FL 33133

C/O JONATHAN H. GREEN, P.A.
2400 SOUTH DIXIE HIGHWAY STE. 105
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/13/1994

4. FEI Number

65-0520581

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 or has paid the current year Intangible
Personal Property Tax due June 30

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 James M. Guest, P.A.

Suite, Apt. #, etc.

22 #109

City & State

23 Homestead, FL

Zip

24 33030

Country

25 USA

9. Name and Address of Current Registered Agent

PERRY, ELIZA D
425 NW 16 ST
HOMESTEAD FL 33030

26 311 N.E. 8th Street

Suite, Apt. #, etc.

27 #109

City & State

28 Homestead, FL

Zip

29 33030

Country

30 USA

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

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

Eliza Perry

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/98

12. OFFICERS AND DIRECTORS

TITLE

P
PERRY, ELIZA D
425 NW 16 ST
HOMESTEAD FL

DELETE

TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

Change Addition

2.1 TITLE

22 NAME

23 STREET ADDRESS

2.4 CITY - ST - ZIP

Change Addition

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

Change Addition

4.1 TITLE

4.2 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

Change Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

Change Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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:

Eliza Perry

2/10/98

CR2E034 (10/97)