Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90162 025 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000016267

1. Corporation Name

MARVIN J. PERCHER INC.

Principal Plac	ce of Business	Mailing Address		
120 INLET WA	Y	120 INLET WAY		
#308 #308 PALM BCH SHORES FL 33404 PALM BCH SHORES FL 33404 US US		3404	DO NOT IMPLIE IN THIS SPACE	
		3404	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	
US	_	US		3. Date incorporated of Qualified
O Dringing F	Place of Business	2a. Mailing Address		4. FEI Number Applied For
	_			65-0560942 Not Applicable
21 5 2.8 (Suite, Apt.	ON. OCEAN DR	26 5280 N.C Suite, Apt. #, etc.	CEAN CUE.	\$8.75 Additional
— ''	· /	\vdash	جد سر	5. Certificate of Status Desired Fee Required
22 /4 /2 / City & Sta		City & State	<u> </u>	
— <u> </u>			TS1 6	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
	Country	28 SING 576	Country	8. This corporation owes the current year Intangib
Zip フラム				Resonal Property Tax.
24 <i>3</i> 34		29 33404	30 Bin	
	9. Name and Address of Current	r Registered Agent	81 Name	
PED	CHED MARVIN I			Address (P.O. Box Number is Not Acceptable)
PERCHER, MARVIN J			82 Street	Address (P.O. Box Number is Not Acceptable)
120 INLET WAY				180 N. OCEAN DR.
	** #308		83	₽T 5 F
PAL	M BCH SHORES FL 33404		<u> </u>	85 Zip Code
			1	NGER, ISL FL 33404
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTI	E: Registered Agent signature	
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TMLE	Change Addition
NAME	PERCHER, MARVIN J		1.2 NAME	PERCHER, MARVIN S.
STREET ADDRESS	120 INLET WAY APT #308		1,3 STREET ADDRESS	5280 N. OCENN DR APT SF
CITY-ST-ZIP	PALM BCH SHORES FL		1.4 CiTY-ST-ZIP	SINGER ISL FL 33404
TITLE		☐ DELETE	2.1 TITLE	Change Addition
NAME			22 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2, 4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS	s		3.3 STREET ADDRESS	
CITY-ST-ZiP	1//		3.4. CITY-ST-ZIP	
TITLE	1	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4, 2 NAME	
			4.3 STREET ADDRESS	
STREET ADDRESS	5			"
CITY-ST-ZIP			4.4 CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , ,
TITLE		☐ DELETE	E 4 TITLE	Change Addisor
		☐ DELETE	5.1 TITLE 5.2 NAME	☐ Change ☐ Addition
NAME		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADORESS	_ : _

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, on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

Change

Addition