PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000042641

1. Corporation Name

PEARL PROPERTIES, INC.

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90214 024 ***150.00



Principal Place of Business Mailing Address					
1000 NORTH DIXIE HIGHWAY 1000 NORTH DIXIE HIGHWAY			ιΥ		
W PALM BEAC	H FL 33401	W PALM BEACH FL 33401			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
			_		06/01/1995
2. Principal P	Place of Business	2a. Mailing Address	a. Mailing Address		4, FEI Number Applied For
21		26			59-3318021 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		<u> </u>	5. Certificate of Status Desired \$8.75 Additional
22		27	<u> </u>		Fee Required
_ City & Stat	te .	City & State	City & State		6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip Country		Zip	- · · · · · · · · · · · · · · · · · · ·		8. This corporation owes the current year Intangible
24	25	29	30		Personal Property Tax.
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent
054	O MANITANA O			81 Name	ıe
	RL, WILLIAM D		ŀ	82 Stree	et Address (P.O. Box Number is Not Acceptable)
l	NORTH DIXIE HIGHWAY				
) WP	ALM BEACH FL 33401		Г	83	
			ļ	84 City	85 Zip Code
<u></u>					FL S E S S S S S S S S
ì office or⊪	to the provisions of Sections 607.050; registered agent, or both, in the State am familiar with, and accept the obligat	of Florida. Such change was au	nnonzea	by the con	ed corporation submits this statement for the purpose of changing its registered imporation's board of directors. I hereby accept the appointment as registered
SIGNATURE		_			
	Signature, typed or printed name of registered agen			gent signature	re required when remstating) DATE DATE
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	D	☐ DELETE			☐ Change ☐ Modition
NAME	1		1.2 NA		
STREET ADDRESS	1		1.3 STF	EET ADDRESS	ss
CITY-ST-ZIP	W PALM BEACH FL 33401		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 7171	.E	☐ Change ☐ Addition
NAME			2.2 NA	AE,	
STREET ADDRESS	23		2.3 STF	REET ADDRESS	88
CITY-ST-ZIP			2. 4 СЛ	Y-ST-ZIP	<u> </u>
TITLE -		DELETE -	3.1-7111	£ .	Change Addition
NAME			3.2 NA	Æ	
STREET ADDRESS			3.3 STF	REET ADDRES	ss
CITY-ST-ZIP			3.4, CIT	Y-ST-ZIP	
TITLE		☐ DELETE	4.1 TITI		☐ Change ☐ Addition
NAME	<u>]</u> ·		4. 2 NA	ME	
STREET ADDRESS	,		4.3 STF	REET ADDRESS	22
CITY-ST-ZIP			4	Y-ST-ZIP	
TITLE	 	☐ DELETE	5.1 TIT		Change Addition
NAME	1	<u> </u>	5.2 NAJ		
1				EET ADDRESS	ss
STREET ADDRESS	1			Y-ST-ZIP	
CITY-ST-ZIP		☐ DELETE	6.1 TITI		· Change Addition
TITLE	,	- OCCEPT	6.2 NA		
NAME ·			1	AE LEET ADORESS	ee l
STREET ADDRESS	:			V. ST. 7ID	
1	1		■ 64 Cm	V. ST. 710	

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, with all other like empowered. S. M. W. V.

SIGNATURE:

LE REQUIRED PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR