

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000055422 (6)

1. Corporation Name

PEARL GENERAL, INC.



Principal Place of Business

1733 W. FLETCHER AVENUE
TAMPA FL 33612

Mailing Address

1733 W. FLETCHER AVENUE
TAMPA FL 33612

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

WICKMAN, JOHN E
802 11TH STREET WEST
BRADENTON FL 34205

3. Date Incorporated or Qualified

07/18/1995

3a. Date of Last Report

4. FEI Number

59-3328245

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes

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

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 (if different from above)

(If Other Registered Agent Signature Required, Enter Here)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE P/D Change Addition
1.2 NAME RICHARD LEVIN
1.3 STREET ADDRESS 7646 N. LOCKWOOD RIDGE ROAD
1.4 CITY - ST - ZIP SARASOTA, FL 34243

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE V/S/D Change Addition
2.2 NAME SUZANNE LEVIN RICE
2.3 STREET ADDRESS 1733 FLETCHER AVENUE
2.4 CITY - ST - ZIP TAMPA, FL 33612

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE V/S/D Change Addition
3.2 NAME STEVEN LEVIN
3.3 STREET ADDRESS P.O. BOX 93-6260
3.4 CITY - ST - ZIP MARGATE, FL 33093-6260 (N/A)

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE T Change Addition
4.2 NAME JILL LEVIN
4.3 STREET ADDRESS P.O. BOX 11229
4.4 CITY - ST - ZIP KNOXVILLE, TN 37939 (N/A)

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME 000001841780
6.3 STREET ADDRESS -05/28/96--01068--028
6.4 CITY - ST - ZIP ***3200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Treasurer Jill Levin 4/23/96

Date

Daytime Phone #

CR2E034 (12/95)

Handwritten initials and date