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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
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 33612-1820**

3. Date Incorporated or Qualified <b>07/18/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-3328245</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent  
**WICKMAN, JOHN E  
802 11TH STREET WEST  
BRADENTON FL 34205**

10. Name and Address of New Registered Agent

81 Name <b>CLIFFORD L. WALTERS</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>802 11TH STREET WEST</b>
83
84 City <b>BRADENTON</b>
85 FL Zip Code <b>34205</b>

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]* DATE **1/28/97**

Signature, typed or printed name of registered agent and tick if applicable (NDFL Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD <input checked="" type="checkbox"/>	DELETE <input type="checkbox"/>
NAME	<b>LEVIN, RICHARD</b>	
STREET ADDRESS	<b>7646 N. LOCKWOOD RIDGE ROAD</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34243</b>	
TITLE	VSD <input checked="" type="checkbox"/>	DELETE <input type="checkbox"/>
NAME	<b>RICE, SUZANNE L</b>	
STREET ADDRESS	<b>1733 FLETCHER AVENUE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33612</b>	
TITLE	VSD <input checked="" type="checkbox"/>	DELETE <input type="checkbox"/>
NAME	<b>LEVIN, STEVEN</b>	
STREET ADDRESS	<b>P.O. BOX 93-6260 N/A</b>	
CITY-ST-ZIP	<b>MARGATE FL 33093-6260</b>	
TITLE	T <input checked="" type="checkbox"/>	DELETE <input type="checkbox"/>
NAME	<b>LEVIN, JILL</b>	
STREET ADDRESS	<b>P.O. BOX 11229</b>	
CITY-ST-ZIP	<b>KNOXVILLE TN 37939</b>	
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**900002164319--3**  
**-05/02/97--01133--001**  
**\*\*\*3135.00 \*\*\*\*165.00**

*[Handwritten initials]*

14. I do 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]*

CR2E034 (9/96)