

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

APPROVED
AND
FILED

97 APR 29 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

07/18/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3328245

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

Yes No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

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

CLIFFORD L. WALTERS

82

Street Address (P.O. Box Number is Not Acceptable)

802 11TH STREET WEST

83

84

City

BRADENTON

FL

85

Zip Code
34205

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]
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/28/97

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME LEVIN, RICHARD
STREET ADDRESS 7846 N. LOCKWOOD RIDGE ROAD
CITY-ST-ZIP SARASOTA FL 34243

TITLE VSD ☒ DELETE

NAME RICE, SUZANNE L
STREET ADDRESS 1733 FLETCHER AVENUE
CITY-ST-ZIP TAMPA FL 33612

TITLE VSD ☒ DELETE

NAME LEVIN, STEVEN
STREET ADDRESS P.O. BOX 93-6260 N/A
CITY-ST-ZIP MARGATE FL 33093-6260

TITLE T ☒ DELETE

NAME LEVIN, JILL
STREET ADDRESS P.O. BOX 11229
CITY-ST-ZIP KNOXVILLE TN 37939

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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3135.00 *165.00

JP 4/29

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

CR2E034 (9/96)