

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

FILED  
Apr 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000055422 (6)**  
1. Corporation Name

**PEARL GENERAL, INC.**

Principal Place of Business

Mailing Address

**1733 W. FLETCHER AVENUE  
TAMPA FL 33612**

**1733 W. FLETCHER AVENUE  
TAMPA FL 33612**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/18/1995**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ 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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALTERS, CLIFFORD L  
802 11TH STREET WEST  
BRADENTON FL 34205**

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 607.1508, 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PD  
LEVIN, RICHARD**  
STREET ADDRESS **7646 N. LOCKWOOD RIDGE ROAD**  
CITY-ST-ZIP **SARASOTA FL 34243**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **PD  
Levin, Richard**  
1.3 STREET ADDRESS **1733 West Fletcher Ave.**  
1.4 CITY-ST-ZIP **Tampa, FL 33612**

TITLE ☐ DELETE  
NAME **VSD  
RICE, SUZANNE L**  
STREET ADDRESS **1733 FLETCHER AVENUE**  
CITY-ST-ZIP **TAMPA FL 33612**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **VSD  
Levin, Steven**  
3.3 STREET ADDRESS **21301 Powerline Road, Ste 312**  
3.4 CITY-ST-ZIP **Boca Raton, FL 33433**

TITLE ☐ DELETE  
NAME **T  
LEVIN, JILL**  
STREET ADDRESS **P.O. BOX 11229 N/A**  
CITY-ST-ZIP **KNOXVILLE TN 37939**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE

*[Handwritten Signature]*

7-22-98

813-960-8154

CR2E034 (10/97)