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May 07, 1999 8:00 am
Secretary of State

05-07-1999 90162 014 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harrits Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000062124

1. Corporation Name
PERMACO, INC.

Principal Place of Business
**7147 N. PINE ISLAND ROAD
TAMARAC FL 33321**

Mailing Address
**7147 N. PINE ISLAND ROAD
TAMARAC FL 33321**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **7127 N. PINE ISLAND ROAD**

Suite, Apt. #, etc.

22 City & State

23 **TAMARAC FL**

24 Zip **33321** 25 Country

2a. Mailing Address

26 **7127 N. PINE ISLAND ROAD**

Suite, Apt. #, etc.

27 City & State

28 **TAMARAC FL**

29 Zip **33321** 30 Country

3. Date Incorporated or Qualified

08/11/1995

4. FEI Number

65-0602136

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**LINKHORST, ADAM
500 EAST BROWARD BOULEVARD
1850
FT. LAUDERDALE FL 33394**

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 607.1508, 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

TITLE **PT** ☐ DELETE

NAME **LICHI, PERIA**
STREET ADDRESS **7147 NO. PINE ISLAND RD.**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **VP** ☐ DELETE

NAME **PERGER, MARIO**
STREET ADDRESS **7147 N. PINE ISLAND ROAD**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 **LICHI, PERLA**
1.3 STREET ADDRESS **7127 N. PINE ISLAND RD.**
1.4 CITY-ST-ZIP **TAMARAC, FL. 33321**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **7127 N. PINE ISLAND RD.**
2.4 CITY-ST-ZIP **TAMARAC, FL. 33321**

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

954-726-0899

Daytime Phone #

CR2E034 (11/98)