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FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P95000077908
1. Corporation Name

PERICH STUDIOS INC

Principal Place of Business: 7234 ASHMORE DR
NEW PORT RICHEY, FL 34653

Mailing Address: 7234 ASHMORE DR
NEW PORT RICHEY, FL 34653

2. Principal Place of Business: 21 7234 ASHMORE DR
Suite, Apt. #, etc.

22 City & State: NEW PORT RICHEY FL

23 Zip: 34653 Country: PASCO

24 34653 25 PASCO

26 7234 ASHMORE DR
Suite, Apt. #, etc.

27 City & State: NEW PORT RICHEY FL

28 Zip: 34653 Country: PASCO

29 34653 30 PASCO

3. Date Incorporated or Qualified: 10-5-95

3a. Date of Last Report: 5-1-97

4. FEI Number: 59-3339269

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVID PERICH
7234 ASHMORE DR
NEW PORT RICHEY, FL 34653

81 Name

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

83

84 City

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] DATE: 4-29-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P, D, T, S	1.1 TITLE	
NAME	DAVID PERICH	1.2 NAME	
STREET ADDRESS	7234 ASHMORE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1 or Block 13 if changed, or on an appointment with an address.

SIGNATURE: [Signature] DATE: 4-29-98

DAVID A PERICH 848-7958