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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000079098 (6)

PEURIFO	Y FARM	IS, INC.					 	48 188 68 188 6 8 41	18 JOHN BRIDE	
51 (15)										
Principal Place of Business Mailing Address										
205 115TH STREET NORTHEAST 1884 59TH STREET WWES BRADENTON FL 34202 BRADENTON FL 34209 US					1		DO NOT WRITE IN THIS SPACE			
			US				3. Date Incorporated or Qualified			
							10/12/1995			
2. Principal Place of Business			2a. Mailing Address			4. FEI Number		A	pplied For	
1 Substitution		26			65-0627782			ot Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired Section Fee Required				
City & State				City & State			6. Election Campaign Financing \$5.00 May Be			
23		Country	Zip		Country		Trust Fund Contribution			to Fees
Zip 24	ŀ	Country	29	}	Country 30		8. This corporation owes or has Personal Property Tax due Jui	` -		itangible D No
24		and Address of Curre			30]		10. Name and Address of New I	_		NO
PEU					81	Name			¥	
PEURIFOY, BRENDA V 205 115TH STREET NORTHEAST						Street Addr	ress (P.O. Box Number is Not Accept	able)	****	
BRAI	DENTON I	FL 34202			83					
									71	
					84	City		FL	. ` `	Code
11. Pursuant to office or reg agent. I am	the provisi gistered ago familiar wit	ons of Sections 607.05 ent, or both, in the Stat th, and accept the obli	02 and 607.1508, Flor e of Florida. Such cha gations of, Section 607	rida Statute inge was a 7.0505, Flo	es, the above uthorized by rida Statutes	e-named corp the corporat	poration submits this statement for the tion's board of directors. I hereby acc	purpose of cept the app	f changing i cointment as	its registered registered
SIGNATURE									f changing i	its registered registered
SIGNATURE		or printed name of registered s					coration submits this statement for the tion's board of directors. I hereby accord when reinstating) ADDITIONS/CHANGES TO OFF	DATE		
SIGNATURE	Ignature, typed o	or printed name of registered a OFFICERS AI	gent and title if applicable		Registered Age		red when reinstating)	DATE		
SIGNATURE SI	D PEURIFO	or printed name of registered a OFFICERS AI OY, BRENDA V	peni and title if applicative ND DIRECTORS	(NOTE	Registered Ape		red when reinstating)	DATE	DIRECTOR	RS IN 12
SIGNATURE SH	D PEURIFO 205 115	OFFICERS AL OFFICERS AL OY, BRENDA V TH STREET NORTH	peni and title if applicative ND DIRECTORS	(NOTE	13.	ont alignature requir	red when reinstating)	DATE	DIRECTOR	RS IN 12
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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 eath; 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:

I Penison W

TIPEURIFOY

3-12-46

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FILED

Mar 19 1998 8:00am

Secretary of State