

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

FILED

May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000045417 (8)

1. Corporation Name

PERCEPTION MANAGEMENT, INC.



Principal Place of Business 3406 TIMBERWOOD CIR NAPLES FL 33942	Mailing Address 3406 TIMBERWOOD CIR NAPLES FL 34105-5630
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2. Principal Place of Business 21 4880 8th Ave SW Suite, Apt. #, etc.		2a. Mailing Address 26 4880 8th Ave SW Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/29/1996		3a. Date of Last Report	
22 City & State 23 Naples FL		27 City & State 28 Naples FL		4. FEI Number 65-0669851		Applied For Not Applicable	
24 Zip 34119		25 Country Collier		29 Zip 34119		30 Country Collier	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134				10. Name and Address of New Registered Agent 81 Name Allison A. Blankenship 82 Street Address (P.O. Box Number is Not Acceptable) 83 4880 8th Ave SW 84 City NAPLES FL 85 Zip Code 34119			
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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 Allison A. Blankenship DATE 4-29-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVT	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANKENSHIP, LARRY S	1.2 NAME	
STREET ADDRESS	3406 TIMBERWOOD CIR	1.3 STREET ADDRESS	4880 8th Ave SW
CITY - ST - ZIP	NAPLES FL 33942	1.4 CITY - ST - ZIP	Naples FL 34119
TITLE	DPS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANKENSHIP, ALLISON A	2.2 NAME	
STREET ADDRESS	3406 TIMBERWOOD CIR	2.3 STREET ADDRESS	4880 8th Ave SW
CITY - ST - ZIP	NAPLES FL 33942	2.4 CITY - ST - ZIP	Naples, FL 34119
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 as changed, or on an attachment with an address.

SIGNATURE: Allison A. Blankenship DATE 4-29-97 (94)455-7899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)