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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90173 024 ***150.00

DOCUMENT # P96000087113

1. Corporation Name

PERRY INDUSTRIES, INC.

Principal Place	e of Business	Mailing Address			, , , , , , , , , , , , , , , , , , , ,		
1211 N CENTER ST. 1211 N CENTER ST							
PERRY FL 32347 SECOND FLOOR					DO NOT WRITE IN	THIS SPACE	
US PERRY FL 32347 US					3. Date Incorporated or Qualifed		
•		03			10/22/1996		
9 District	loss of Divisions	2a. Mailing Address	<u>-</u>		4. FEI Number		pplied For
<u> </u>	lace of Business	— ĭ			59-3415342		lot Applicable
Suite, Apt.	# ata	26 Suite, Apt. #, etc.					Additional
-	#, etc.				5. Certifcate of Status Desired	· · · · · ·	Required
22 City & State	g-10 4	27 City & State		<u>.</u>	6. Election Campaign Financing	\$5.00	May Be
└ ′		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country		8. This corporation owes the current ye		
24	25	· _ ,	30		Personal Property Tax.	☐ Yes	Mo
24	9. Name and Address of Curi		<u> </u>		10. Name and Address of New Regis	tered Agent	
			81 Nan	ne			
JOEI	L K SHUGAR MD.				(D.O. D. M. L. L. M. A.		
1211	I N CENTER ST		82 Stre	et Addres	ss (P.O. Box Number is Not Acceptable)		
SEC	OND FLOOR		83		,		
PERI	RY FL 32347						
			84 City			FL 85 Zip	Code
44 Dimensions	to the previous of Sections 607.0	E02 and 607 1509 Florida Statute	e the above-nam	ed comor	ration submits this statement for the purp	ose of changing it	ts registered
l office or r	registered agent, or both, in the Sta	te of Florida. Such change was at	ithorized by the co	rporation	's board of directors. I hereby accept the	appointment as i	egistered
, agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, Flor	ida Statutes.		•		
SIGNATURE		4015	Registered Agent signati		thee rejectating)	ATE.	
12.	Signature, typed or printed name of registered a	AND DIRECTORS	13.	ne required v	mich / Skiew-o-g/		
TITLE	Of Flocito.				ADDITIONS/CHANGES TO OFFICE	RS AND DIRECT	ORS IN 12
'''Œ	D			т	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECT	
Lucie	P SHIICAR INELKIMD	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICE		
NAME	SHUGAR, JOEL K MD		1.1 TITLE 1.2 NAME	200	ADDITIONS/CHANGES TO OFFICE		
STREET ADDRESS	SHUGAR, JOEL K MD 1211 N CENTER ST		1.1 TITLE 1.2 NAME 1.3 STREET ADDRE	ess	ADDITIONS/CHANGES TO OFFICE		
STREET ADDRESS CITY-ST-ZIP	SHUGAR, JOEL K MD 1211 N CENTER ST PERRY FL 32347	. DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRE 1.4 CITY-ST-ZIP	ess	ADDITIONS/CHANGES TO OFFICE	☐ Change	→ Addition
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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 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

80.584.7778