SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

APPROVED AND FILED

99 OCT -7 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT **1999**		FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000036955**

1. Corporation Name

PEREMANS, INC.

REINSTATEMENT 99

Principal Place of Business	Mailing Address
119 FRANKLIN BLVD ST GEORGE ISLAND FL 32328 US	119 FRANKLIN BLVD ST GEORGE ISLAND FL 32328 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/24/1997

2. Principal Place of Business		2a. Mailing Address		4. FEI Number **59-3500138**	Applied For
21		26			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	**$8.75** Additional Fee Required
22		27			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	**$5.00** May Be Added to Fees
23		28			
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property.	☐ Yes ☒ No
24	25	29	30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent

DUCIMETIERE-MONOD, OLIVIER 119 FRANKLIN BLVD ST GEORGE ISLAND FL 32328	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code

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-10/27/99--01080--007
****758.75 ****758.75
FL

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 _____ OLIVIER DUCIMETIERE-MONOD _____ 10/1/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCDT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DUCIMETIERE-MONOD, OLIVER		1.2 NAME		
STREET ADDRESS	119 FRANKLIN BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST GEORGE ISLAND FL 32328		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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.

SIGNATURE: _____ OLIVIER DUCIMETIERE-MONOD _____ 9/29/99 850-653-7999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (5/99)