


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

FILED  
Apr 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000042885 (8)**

1. Corporation Name  
**PERRY PROPERTIES, INC.**

Principal Place of Business  
**1802 N. FLORIDA AVENUE  
TAMPA FL 33602**

Mailing Address  
**1802 N. FLORIDA AVENUE  
TAMPA FL 33602**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3407 Westfield</b> Suite, Apt. #, etc. 22 City & State 23 <b>Brandon FL</b> Zip 24 <b>33651</b>		2a. Mailing Address 26 <b>3407 Westfield</b> Suite, Apt. #, etc. 27 City & State 28 <b>Brandon FL</b> Zip 29 <b>33511</b> Country 30 <b>Hills</b>		3. Date Incorporated or Qualified <b>05/14/1997</b>	
		4. FEI Number <b>65-0778701</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**MARTINO, THOMAS S ESQ  
1802 N. FLORIDA AVENUE  
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name	<b>Perry Gagliano</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>3407 Westfield</b>
83	
84 City	<b>Brandon</b>
85 Zip Code	<b>33511</b>

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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MARTINO, THOMAS S ESQ.</b>	
STREET ADDRESS	<b>1802 N. FLORIDA AVENUE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33602</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>President, Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Perry Gagliano</b>
1.3 STREET ADDRESS	<b>3407 Westfield</b>
1.4 CITY-ST-ZIP	<b>Brandon FL 33511</b>
2.1 TITLE	<b>Vice President, Secretary, Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Brenda Fernandez</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

NATURE:

*[Signature]*

1-29-97

CR2E034 (10/97)