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

**FILED** Apr 07 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P97000055960 (3) PEARL ENTERPRISES OF SARASOTA. INC. Principal Place of Business Mailing Address 4654 FLATBUSH AVENUE 4654 FLATBUSH AVENUE SARASOTA FL 34233 SARASOTA FL 34233 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/24/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 Suite. Apt. #. etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 ZiD Country Country Zio 8. This corporation owes or has paid the current year Intangible ☐ Yes □ No Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DAHMEN, PEARL J 4654 FLATBUSH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34233 83 84 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELFTE TITLE 1 1 TITEE DAHMEN, PEARL J 12 NAME NAME 4654 FLATBUSH AVENUE STREET ADORESS 1.3 STREET ADDRESS SARASOTA FL 34233 CITY-S1-ZIP 1.4 CITY - ST- ZIP DELETE Change ☐ Addition 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition TITLE 31 TITLE NAME 32 NAME 3 3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE Channe 5.1 TITLE TITLE

6.4 CITY - ST - ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this typic doos 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 in supplemental arrival 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 Occiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if chaptered, or on an attachment with an address.

5.2 NAME

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

Addition