

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

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May 01, 1999 8:00 am
Secretary of State

05-01-1999 90024 026 ***150.00

UMK004

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000072695

1. Corporation Name
PERFETTI-DIAL CORPORATION



Principal Place of Business 11237 RUSTIC PINES CIRCLE WEST JACKSONVILLE FL 32257	Mailing Address 11237 RUSTIC PINES CIRCLE WEST JACKSONVILLE FL 32257
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 13972 Sound Overlook Dr. N.	2a. Mailing Address 26 13972 Sound Overlook Dr. N.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Jacksonville, FL	28 Jacksonville, FL
24 32224 25 VSA	29 32224 30 VSA

3. Date Incorporated or Qualified 08/21/1997	4. FEI Number 59-3463650	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	-\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	-\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
DIAL, ROBBIN A
~~11237 RUSTIC PINES CIRCLE WEST~~
~~JACKSONVILLE FL 32257~~

(Address change only)

10. Name and Address of New Registered Agent

81 Name Robbin A Dial	85 Zip Code 32224
82 Street Address (P.O. Box Number is Not Acceptable) 13972 Sound Overlook Dr. N.	
83 City Jacksonville	
84 State 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 *Robbin A Dial* DATE **4-29-99**

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

12. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> DELETE
NAME PERFETTI, MICHAEL R	
STREET ADDRESS 11237 RUSTIC PINES CIRCLE WEST	
CITY-ST-ZIP JACKSONVILLE FL 32257	
TITLE D	<input type="checkbox"/> DELETE
NAME DIAL, ROBBIN A	
STREET ADDRESS 11237 RUSTIC PINES CIRCLE WEST	
CITY-ST-ZIP JACKSONVILLE FL 32257	
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 PRESIDENT & CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS 13972 Sound Overlook Dr. N.	
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32224	
2.1 TITLE SR. VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS 13972 Sound Overlook Dr. N.	
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32224	
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, with all other like empowered.

SIGNATURE: *Michael R Perfetti* DATE: **04/29/99** DAYTIME PHONE #: **904 642 7506**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)