

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).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000031528 ✓

1. Corporation Name  
FCS-PERLIN, INC.

Principal Place of Business  
9765 NW 48 DR  
CORAL SPRINGS FL 33076

Mailing Address  
9765 NW 48 DR  
CORAL SPRINGS FL 33076

APPROVED  
AND  
FILED

99 AUG 31 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
04/03/1998

4. FEI Number  
65-0830454

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business  
21 351 N. ST. Rd 7  
Suite, Apt. #, etc.

22 300  
City & State

23 Plantation FL  
Zip Country

24 33317 USA  
25 33317 29 US

9. Name and Address of Current Registered Agent

PERLIN, JUDY L  
9765 NW 48 DR  
CORAL SPRINGS FL 33076

10. Name and Address of New Registered Agent

81 Name Judy Perlin  
82 Street Address (P.O. Box Number is Not Acceptable) 7796 Mandarin Dr.  
83 BOCA RATON  
84 City BOCA RATON FL 85 Zip Code 33433

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 Judy Perlin Pres.  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7/11/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME PERLIN, JUDY L  
STREET ADDRESS 9765 NW 48 DR  
CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE VD  
NAME BALZANO, TARA  
STREET ADDRESS 9765 NW 48 DR  
CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE STD  
NAME BALZANO, CORY  
STREET ADDRESS 60 E 8 ST, APT 9F  
CITY-ST-ZIP NEW YORK NY 10003

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 7796 Mandarin Dr.  
1.4 CITY-ST-ZIP BOCA RATON FL 33433

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 7796 Mandarin Dr.  
2.4 CITY-ST-ZIP BOCA RATON, FL 33433

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS 7796 Mandarin Dr.  
3.4 CITY-ST-ZIP BOCA RATON, FL 33433

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS 700002977507--2  
4.4 CITY-ST-ZIP -09/02/99--01088--001  
\*\*\*\*\*150.00 \*\*\*\*\*150.00

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS 700002977507--2  
5.4 CITY-ST-ZIP -09/02/99--01088--002  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

6.1 TITLE  
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.

SIGNATURE: Judy Perlin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/99

Date

954 7921200

Daytime Phone #

0034491

CR2E034 (5/99)