FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00								FILED				
PROFIT CORPORATION ANNUAL REPORT 1998			FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS			Jan 23 1998 8:00am Secretary of State						
DOCUI	MENT	# S11515	5	(1)								
PERRINE INVESTMENT, INC.												
			Malling Add	2000								
Principal Place of Business Mailing Address  801 WEST VINE ST 801 WEST VINE ST												
SUITE 122 SUITE 122								DO NOT WENT	E 151 77 110	PDACE.		
KISSIMMEE FL 34741 KISSIMMEE FL 34741						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			<del></del>			
								11/08/1990			•	
2. Principal Place of Business 2a. Mailing Address								4. FEI Number		Ar	plied For	
21 26						59-3036296			No	ot Applicable		
Suite, Apt. #, etc.   Suite, Apt. #, etc.   27								5. Certificate of Status Desired			Additional equired	
City & State City & State								6. Election Campaign Financing			May Be to Fees	
Zip Country			Zip	Country	Country 8		Trust Fund Contribution  8. This corporation owes or has possible to the corporation of t					
24	25 29 30					ol		Personal Property Tax due June	e <u>30.                                    </u>	Yes _	] No	
		e and Address of Current	Registered Age	nt	81			10. Name and Address of New Ro	gistered	Agent		
LEES, COLIN						Name						
801 W VINE ST						Street	Addre	ss (P.O. Box Number is Not Accepta	ble)			
STE 122 KISSIMMEE 34741												
, NO	SIMMEE 3	34/41			83							
					84	City			FL	_   _	Code	
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 register 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 registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											s registered registered	
SIGNATURE	Clambura	d - c	and the Hamelicable	(NY)TE I	Opelatored Age	ant olomotus	- Poduje a	when reinstating)	DATE		·	
Signature, typed or printed name of registered agent and title if applicable (NOTE, Regi						ent signature	required	ADDITIONS/CHANGES TO OFFI		DIRECTOR	IS IN 12	
TITLE	PST		DELETE		1.1 TITLE		7.	rechr		Change	Addition	
NAME	LEES, COLIN					1.2 NAME		Ca14/				
STREET ADDRESS		VINE ST			1.3 STREET	ADDRESS						
CITY - ST - ZIP	KISSIM	<u>MEE</u> FL		100	1.4 CITY - S	T-ZIP						
TITLE	VP LEES, JOYCE			2.1 TITLE D		$ \mathcal{D}'_{i}$	ector		Change	Addition		
NAME STREET ADDRESS					2.2 NAME 2.3 STREET ADDRESS							
CITY-ST-ZIP	LOO AND AND THE					2.3 STREET ADDRESS 2.4 CITY-ST-ZIP						
TITLE	D			DELETE	3.1 TITLE	OI ZIF	†			Change	Addition	
NAME	SNOW,	AUDREY			3.2 NAME							
STREET ADDRESS	•	3,3 STREET AOI			Ì							
						ST-ZIP						
TITLE				DELETE	4.1 TITLE					Change	Addition	
NAME					4. 2 NAME							

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 of the receiver 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 changed, or both an address. NATURE/PLEGUEDE/LERS

4.3 STREET ADDRESS 4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

TITLE

NAME

TITLE

NAME

1-13.98

Change

Change

Addition

Addition