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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S25314

(3)

FILED Apr 28 1998 8:00am Secretary of State

PERCH	ARD CORPORATION					
Principal Plac	e of Business	Mailing Address			. 1881/815 218 (179) 81/84 (179) 81/81 91/91 91/91 91/91	ter manti Medit Midde Midde 1801
1713 N.W. 91ST AVENUE 1713 N.W. 91ST AVENUE			E			
PLANTATION FL 33322 PLANTATION FL 33322					DO NOT WRITE IN THIS	S SPACE
					3. Date Incorporated or Qualified	
1					01/15/1991	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21					11-2528512	Not Applicable
L		Suite, Apt. #, etc.	ic.		5. Certificate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May 8e	
Zip	Country Z ₁ p		Country		Trust Fund Contribution	Added to Fees
24	25	29	30	iti y	This corporation owes or has paid the of Personal Property Tax due June 30.	Yes No
271	9. Name and Address of Curre		1301		10, Name and Address of New Registere	
DO	BRIS, MICHAEL			81 Name		
1713 N.W. 91ST AVENUE			<u> </u>	B2 Street A	ddress (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33322]'	DZ STEELA	ddiess (P.O. Box Number is Not Acceptable)	
] [83		
			-	84 City		85 Zip Code
			1		F	L 1 ' '
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am (amiliar with, and accept the obligations of, Section 607.0505, Florida Statutes					corporation submits this statement for the purpose	of changing its registered
agent. I a	m tamiliar with, and accept the oblig	pations of Section 607.0505, F	Iorida Statu	ites.	readon's board of directors, thereby accept the ap	Phoritiment as registered
SIGNATURE					·	
10	Signature, typed or printed name of registered ag	erd and title it applicative (NC ID DIRECTORS	TE Registered	Agent signature to	equired when reinslating) DATE	UD DIDEOTODO HI IO
12.	PD OFFICERS AN	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	DOBRIS, MARILYN C.	· - · · · -				2 2 3 2 2 3 2 3 2 3 3 3 3 3 3 3 3 3 3 3
STREET ADDRESS	1713 NW 91 AVENUE			EET AODRESS		
CITY-ST-ZIP	DI ANTATION CI		7	Y-ST-ZIP		ן צ
TITLE			2.1 TITU			☐ Change ☐ Addition C
NAME	BORDIA MICHAEL D		2.2 NAM	AE		
STREET ADDRESS	1713 NW 91 AVENUE		2.3 STR	EET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		2. 4 CIT	Y-ST-ZIP		
TITLE	DELETE 3.1 TI		3.1 TITL	.£		Change Addition
NAME			3.2 NAN	AE .		
STREET ADDRESS			33 STA	eet address		• [
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		☐ DELĒŤĒ	4.1 TITL			L_ Change L_ Addition
NAME			4. 2 NA	L		ł
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP		DELETE		r-ST-ZIP		Change Laddition
NAME		F) DETER	5.1 TITL	1		Change Addition
1			5.2 NAN			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	6.1 TITE	r-ST-ZIP		Change Addition
NAME		LJ OLLET	6.2 NAM	_		
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP				r-ST-ZIP		ļ
	carlify that the information supplied y	vith this filing does not qualify			in Section 119.07(3)(i), Florida Statutes, I further	certify that the information

14. I hereby certify that the information supplied with this filling 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 furstee 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:

muchael Aslico

MICHAEL DOBRIS 4/15

4/15/98 954-424-710