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Apr 26, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # S25314

1. Corporation Name

PERCHARD CORPORATION

Principal Place of Business

1713 N.W. 91ST AVENUE
PLANTATION FL 33322

Mailing Address

1713 N.W. 91ST AVENUE
PLANTATION FL 33322

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

01/15/1991

4. FEI Number

11-2528512

Applied For

Not Applicable

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1130 Campanelli Drive West

2a. Mailing Address

26 1130 Campanelli Drive W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 Plantation, FL

28 Plantation, FL

24 33322 25 USA

29 33322 30 USA

9. Name and Address of Current Registered Agent

DOBRIS, MICHAEL
1713 N.W. 91ST AVENUE
PLANTATION FL 33322

10. Name and Address of New Registered Agent

81 Name DOBRIS, MICHAEL

82 Street Address (P.O. Box Number is Not Acceptable)

1130 Campanelli Drive West

84 City Plantation

FL

85 Zip Code 33322

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 Michael Dobris MICHAEL DOBRIS

4/24/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DOBRIS, MARILYN C.
STREET ADDRESS 1713 NW 91 AVENUE
CITY-ST-ZIP PLANTATION FL

TITLE SVD
NAME DOBRIS, MICHAEL R.
STREET ADDRESS 1713 NW 91 AVENUE
CITY-ST-ZIP PLANTATION FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 PD
1.2 NAME DOBRIS, MARILYN C.
1.3 STREET ADDRESS 1130 Campanelli Drive West
1.4 CITY-ST-ZIP Plantation, FL 33322

2.1 TITLE SVD
2.2 NAME DOBRIS, MICHAEL R.
2.3 STREET ADDRESS 1130 Campanelli Drive West
2.4 CITY-ST-ZIP Plantation FL 33322

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)