


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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S92986 (6) 1. Corporation Name PERVERT, INC.			
Principal Place of Business 1655 MERIDIAN AVE MIAMI BEACH FL 33139 US		Mailing Address 200 S. BISCAYNE BLVD. SUITE 2420 MIAMI FL 33131	
2. Principal Place of Business 21 180 NE 39th Street Suite, Apt. #, etc. 22 210 City & State 23 MIAMI FL Zip 24 33137 Country 25 USA		2a. Mailing Address 26 180 NE 39th Street Suite, Apt. #, etc. 27 210 City & State 28 MIAMI FL Zip 29 33137 Country 30 USA	
9. Name and Address of Current Registered Agent MELAND & RUSSIN, P.A. 200 S. BISCAYNE BLVD. SUITE 2420 MIAMI FL 33131		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	PVST	<input type="checkbox"/> DELETE	
NAME	MALNIK, SHAREEF		
STREET ADDRESS	432 41ST STREET		
CITY-ST-ZIP	MIAMI BEACH FL		
TITLE	S	<input type="checkbox"/> DELETE	
NAME	GLASER, TODD		
STREET ADDRESS	1655 MERIDIAN AVENUE		
CITY-ST-ZIP	MIAMI BEACH FL 33139		
TITLE	TD	<input type="checkbox"/> DELETE	
NAME	RACHLIN, ROBERT		
STREET ADDRESS	11120 N. KENDALL DRIVE, SUITE 201		
CITY-ST-ZIP	MIAMI FL 33176		
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	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	MALNIK, Shareef		
1.3 STREET ADDRESS	432 41st Street		
1.4 CITY-ST-ZIP	MIAMI BEACH, FL		
2.1 TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	GLASER, Todd		
2.3 STREET ADDRESS	180 NE 39th Street #210		
2.4 CITY-ST-ZIP	MIAMI BEACH FL 33137		
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			



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/08/1991	
4. FEI Number 65-0315837	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 or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 registered 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.

CR2E034 (10/97)