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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 29 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE:

V00265

(1)

PERPALL, INC.

Principal Place of Business		Mailing Address		e billete debate marke allete geener Bert	MINTE BEREE BENEEN NENEN MENNE MINEE INNE
17262 RIVER ISLE CIRCLE JACKSONVILLE FL 32226		17282 RIVER ISLE CIRCLE JACKSONVILLE FL 32226-1125			
				3. Date Incorporated or Qualified	3a. Date of Last Report
			15.712.7	12/16/1991	04/29/1996
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3098067	Not Applicable
Suite, Apt #	#, CIC	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	)	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζιρ	Country	Zip	Country	8. This corporation has liability for it	
24	25	29	30		Yes No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
	PALL, LEON A HI		OI Name		
17262 RIVER ISLE CIRCLE			82 Street Ad	dress (P.O. Box Number is Not Acceptab	le)
JAC	KSONVILLE FL 32226		63		
			[~]		
			84 City		FL 85 Zip Code
11 Daggrange	a the provisions of Sections 607 050	2 and 607 1509 Florida State	ites the above-named c	orporation submits this statement for the p	
office of re	egistered agent, or both, in the State	of Florida. Such change was	authorized by the corpo	ration's board of directors. I hereby accep	it the appointment as registered
agent far	n familiár with, and accept the obliga	ations of, Section 607.0505, F	lorida Statutes.		
SIGNATURE	Sopration. Typed or priors of name of registored ago	ot and little d'applicable (NC	OTE: Registered Agent signature re	cuired when reinstaling)	DATE
12,	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	DP	DELETE	1.1 TITLE	vice-President	Change Addition
NAMI	PERPALL, LEON A., HI		1.2 NAME	Shawna B. Perpall 17262 River Isle Circle	•
STREET ADORESS	17262 RIVERISLE CIRCLE		1 3 STREET ADDRESS	Maba River Isle Circle	·
CHY SI-ZiP	JACKSONVILLE FL 32228		1.4 CiTY-ST-ZiP	Jacksonville, FL. 322	३७
TILLE	ST	☐ DELETE	21 TITLE	•	Change Addition
NAME.	PERPALL, LEON A., III		22 NAME		
STREET ADORESS	17262 RIVER ISLE CIRCLE		2 3 STREET ADDRESS		
C(17 - S1 - Z0)	JACKSONVILLE FL 32226		2. 4 CHTY - ST - ZHP		
THE		DELETE	3.1 TITLE		Change Addition
NAMi			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
C IY+ST-ZIP		DELETE	3.4. CITY-\$1-ZIP		Change Addition
THE		L'I DETEN	4.1 TITLE		Citalige Ci voogon
NAM:			4. 2 NAME		•
STREET ADDRESS	•		4.3 STREET ADDRESS		
COLVESTE ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME		L.J becare	5.2 NAME		C Change C Production
			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY SE ZE	The same of the sa	DELETE	6.1 TITLE		Change Addition
NAME.			6.2 NAME		<u> </u>
STREET ACRORESS			6.3 STREET ADDRESS		
City St-Ze <sup>2</sup>			6.4 CITY-ST-ZIP		
4.4 1 1	ny certify that the information supplie	d with this filing does not qua	life for the exemption of	ited in Section 119.07(3)(i), Florida Statute	s. I further certify that the
informat or Lam an of appears r	n indicated on this annual report or s ficer or director of the corporation or n Block 12 or Block 1311 phanged, or	supplemental annual report is the receiver of truplee empor on an attachment with an a	s true and accurate and to mored to execute this red dozess.	hat my signature shall have the same lega port as required by Chapter 607, Florida S	летестая іт made under oath; that itatutes; and that my name