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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V26895

(5)

PEROWID CORPORATION

FILED Feb 03 1997 8:00am Secretary of State



Principal Place of Business Mailing Address									
2340 PERIWIN		2340 PERIWINKLE WAY							
SUITE J-3		SUITE J-3 SANIBEL FL 33957-3220							
SANIBEL FL	<i>138</i> 57				3. Date Incorporated or Qualified 3a. Date of Last Report 04/07/1992 02/19/1996			Report	
2. Principal	Place of Business	2a. Mailing Address		·····	***************************************	4. FEI Number	······································		Applied For
21		26				65-0323251 Not Applicable			
Suite, Ap	il.#, etc.	Suite. Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & St.	ate	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zφ	Country	Zip	Coi	untry		8. This corporation has liability for in			s. 199.032,
24	25	29	30					No	
	9. Name and Address of Curre	nt Registered Agent			h.	10. Name and Address of New Reg	istered i	Agent	
	TLIFF, ROBERT LEE, III			81	Name				
2340 PERIWINKLE WAY				82	Street Addr	Address (P.O. Box Number is Not Acceptable)			
SUITE J-3								<u></u>	
SA	NIBEL FL 33957			83					
				84	City		FL	85 Zip	Code
11. Pursuar	nt to the provisions of Sections 607.05	02 and 607.1508, Florida Stat	utes, the a	-L	named corr	poration submits this statement for the p		changing	its registered
office o agent I	r registored agent, or both, in the Stati Lam familiar with, and accept the obliq	e of Florida. Such change war gations of, Section 607.0505,	s authorize Florida Sta	ed by ti atules.	ne corporat	poration submits this statement for the polion's board of directors. I hereby accept	t the app	ointment a	s registered
SIGNATURE	Stgnerure, typod or printed name of registerics ag	cot and title if applicable. (N	OTE: Registen	ng Agent	sionalure requir	red when reinstaling)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	ORS IN 12
THILE	PD	DELETE	1.1 T	IITLE	,,,,,,			Change	Addition
NAME	RATLIFF, ROBERT LEE, III		1.21	NAME	Ì				
STREET ADDRESS	2340 PERIWINKLE WAY STE.	J-3	1.3 \$	STREET AS	OORESS				
CITY-ST-ZIP	SANIBEL FL		1.4 (CITY-ST-	ZIP				
TITLE	ST	DELETE	211	TITLE				Change	Addition
NAME	RATLIFF, ROBERT LEE, III		221	NAME					
STREET ADDRES		J-3	235	STREET AC)DRES\$				
CITY-ST-ZIP	SANIBEL FL		2.4	CITY-ST-	- ZIP				
TrTLE		☐ DELETE	3.17	TITLE				Change	Addition
NAP*			3.21	NAME					
STREET ADDRES	s †		3.3 8	STREET AC	ODRESS				
CITY+S1-ZIP				CITY-ST-	ZIP			 	
TITLE		☐ DELETE		TITLE				L. Change	e L. Addition
NAME				NAME					
STREET ADDRES	s		4.3 5	STREET AS	ODRESS				
CITY-ST-7IP		DE, CZE		CITY-ST-	ZIP			1 0	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
JITLE		DELETE		TITLE	ļ			Change	Addition
NAME				NAME					
STREET ADDRES	S			STREET AL	1				
CITY - ST - ZIP		Driese		CITY-ST-	ZIP			T 05	Latatur
TITLE		DELETE		TITLE				Change	Addition
NAME				NAME					
STREET ADDRES	S			STREET A					
CHTY-ST-ZIP	1		6.4 (CITY-ST-	ZIP				

14. I do 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.

SIGNATURE:

Date