

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V52860** (6)
1. Corporation Name
PERIWINKLE, INC.



Principal Place of Business

**2210 MIRACLE PLAZA
VERO BEACH FL 32960
US**

Mailing Address

**2210 MIRACLE PLAZA
VERO BEACH FL 32960
US**

2. Principal Place of Business

2a. Mailing Address

21 **2210 Miracle Plaza**

26 **2210 Miracle Plaza**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Vero Beach, FL**

28 **Vero Beach FL**

Zip

Country

Zip

Country

24 **32960**

25 **USA**

29 **32960**

30 **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
07/20/1992

3a. Date of Last Report
03/20/1995

4. FEI Number
65-0350022

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**LEVITT, BRENDA
1814 COMMERCE AVE
VERO BEACH FL 32960**

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

Georgina Alfert

Signature, typed or printed name of registered agent and date of filing

(If Title Registered Agent signature required when incorporating)

4-30-96

Date

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **LEVITT, BRENDA**
STREET ADDRESS **2501 27TH AVE**
CITY-ST-ZIP **VERO BEACH FL**

TITLE **D** ☐ DELETE
NAME **ALFERT, GEORGINA**
STREET ADDRESS **115 20TH AVE**
CITY-ST-ZIP **VERO BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Georgina Alfert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96

Date

Daytime Phone #

CR2E034 (12/95)