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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P30206 (7)

**1. Corporation Name
PERIN INVESTMENT PROPERTIES MANAGEMENT CORPORAT
ION**

Principal Place of Business Mailing Address
**PERIN GATEWAY PROPERTIES
101 SPEAR ST., SUITE 215
SAN FRANCISCO CA 94105
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/17/1990** 3a. Date of Last Report **11/29/1994**
4. FEI Number **94-2958335** 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 res fu

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, ROBERT P.	1.2 NAME	
STREET ADDRESS	101 SPEAR ST, SUITE 215	1.3 STREET ADDRESS	
CITY - ST - ZIP	SAN FRANCISCO CA 94105	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINO, RAYMOND	2.2 NAME	
STREET ADDRESS	101 SPEAR ST, SUITE 215	2.3 STREET ADDRESS	
CITY - ST - ZIP	SAN FRANCISCO CA 94105	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNELL, ROGER	3.2 NAME	
STREET ADDRESS	101 SPEAR ST, SUITE 215	3.3 STREET ADDRESS	
CITY - ST - ZIP	SAN FRANCISCO CA 94105	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, JACOBS	4.2 NAME	
STREET ADDRESS	101 SPEAR ST., SUITE 215	4.3 STREET ADDRESS	
CITY - ST - ZIP	SAN FRANCISCO CA 94105	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, RODERICK	5.2 NAME	
STREET ADDRESS	101 SPEAR ST., SUITE 215	5.3 STREET ADDRESS	
CITY - ST - ZIP	SAN FRANCISCO CA 94105	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(b), 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: Raymond V. Marino **Raymond V. Marino** 3/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #