

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 733204 (2)
1. Corporation Name
P G ONE HOMEOWNERS, INC.



Principal Place of Business: **1000 N.W. 68TH AVE. MARGATE FL 33063**
Mailing Address: **1000 N.W. 68TH AVE. MARGATE FL 33063**

3. Date incorporated or Qualified: **06/25/1975**
3a. Date of Last Report: **02/08/1995**
4. FEI Number: **59-1608864**
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

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

9. Name and Address of Current Registered Agent
**COOMBS, ARNOLD
6775 N W 9TH CT
MARGATE FL 33063**

10. Name and Address of New Registered Agent
81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: **FL** **85 Zip Code:**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 617.0503, Florida Statutes.

SIGNATURE: **ARNOLD COOMBS** *Arnold Coombs* **1/23/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	PERRI, SANTO	
STREET ADDRESS	1065 NW 68TH AVE	
CITY - ST - ZIP	MARGATE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	COOMBS, PROVIDENCE	
STREET ADDRESS	6775 N.W. 9TH CT.	
CITY - ST - ZIP	MARGATE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	LAURINO, PAULINE	
STREET ADDRESS	1055 NW 68TH TERRACE	
CITY - ST - ZIP	MARGATE, FL 00000	
TITLE	2V	<input type="checkbox"/> DELETE
NAME	GERMANO, JIM	
STREET ADDRESS	1045 N.W. 66TH TERR.	
CITY - ST - ZIP	MARGATE FL 33063	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VERSETTI, PHILIP	
STREET ADDRESS	6770 NW 9TH CT	
CITY - ST - ZIP	MARGATE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARCUS, SANFORD	
STREET ADDRESS	6775 NW 11TH CT	
CITY - ST - ZIP	MARGATE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	BONAFEDE, AUGUSTO
6.4 CITY - ST - ZIP	990 N.W. 67th Ave. MARGATE, FLA.

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Providence Coombs* **Providence Coombs, Sec.** **1/23/96** **(954) 977-0674**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)