

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 JUN 11 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P97000036126 (5)

1. Corporation Name
PERFECT HOMES CONSULTING, INC.

Principal Place of Business
**P.O. BOX 425
LEHIGH ACRES FL 33970**

Mailing Address
**P.O. BOX 425
LEHIGH ACRES FL 33970**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 237 Joel Blvd.
Suite, Apt. #, etc.
22
City & State
23 Lehigh Acres, FL
Zip Country
24 33972 25

2a. Mailing Address
26 12670 New Brittany Blvd.
Suite, Apt. #, etc.
27 Suite 101
City & State
28 Fort Myers, FL
Zip Country
29 33907 30

3. Date Incorporated or Qualified
04/22/1997

4. FEI Number
65-0750890

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**ROYSTON, ROBERT D JR.
12670 NEW BRITANNY BLVD., STE. 101
FT. MYERS FL 33907**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME **PS HOLZER-ZOTT, ULRIQUE**
STREET ADDRESS **P.O. BOX 425**
CITY-ST-ZIP **LEHIGH ACRES FL 33970**

TITLE DELETE
NAME **V SCHWARZMEIER, WILLI**
STREET ADDRESS **P.O. BOX 425**
CITY-ST-ZIP **LEHIGH ACRES FL 33970**

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME **Ulrike Holzer-Zott**
1.3 STREET ADDRESS **237 Joel Blvd.**
1.4 CITY-ST-ZIP **Lehigh Acres, FL 33972**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS **237 Joel Blvd.**
2.4 CITY-ST-ZIP **Lehigh Acres, FL 33972**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME **300002544123**
6.3 STREET ADDRESS **-06/02/98--01031--024**
6.4 CITY-ST-ZIP *****1050.00**

14. I 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 **Willi Schwarzmeier** 4-23-98 041-369-8989

CR2E034 (10/97)