

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 524465 (2)**  
1. Corporation Name  
**PERRI BUILDERS, INC.**



Principal Place of Business: **1 DIVISION STREET TARRYTOWN NY 10591**  
Mailing Address: **1 DIVISION STREET TARRYTOWN NY 10591**

3. Date Incorporated or Qualified: **01/25/1977**      3a. Date of Last Report: **05/17/1995**  
4. FFI Number: **59-1709768**      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 4625 OLD WINTER GARDEN RD.**      2a. Mailing Address: **26 4625 OLD WINTER GARDEN RD.**  
Suite, Apt. #, etc.: \_\_\_\_\_      Suite, Apt. #, etc.: \_\_\_\_\_  
22. City & State: **23 ORLANDO, FL**      27. City & State: **28 ORLANDO, FL**  
24. Zip: **32811**      25. Country: **ORANGE**      29. Zip: **32811**      30. Country: **ORANGE**

9. Name and Address of Current Registered Agent: **NEUENSCHANDER, EARL  
801 FREEMANS FARM ROAD  
DELAND FL 32720**  
10. Name and Address of New Registered Agent:  
81. Name: **JOSEPH C. PERRI**  
82. Street Address (P.O. Box Number is Not Acceptable): **254 LAKE BREEZE CIRCLE**  
83. \_\_\_\_\_  
84. City: **LAKE MARY**      FL      85. Zip Code: **32746**

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: *Joseph C. Perri*      **JOSEPH C. PERRI**      **4-18-96**  
Date: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | <b>VP</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PERRI, JOSEPH C.</b>                   | 1.2 NAME  | <b>PERRI, JOSEPH C.</b>  |
| STREET ADDRESS             | <b>1 DIVISION STREET</b>                  | 1.3 STREET ADDRESS                                    | <b>254 LAKE BREEZE CIRCLE</b>  |
| CITY-ST-ZIP                | <b>TARRYTOWN NY</b>                       | 1.4 CITY-ST-ZIP                                       | <b>LAKE MARY, FL 32746</b>   |
| TITLE                      | <b>P</b> <input type="checkbox"/> DELETE  | 2.1 TITLE   | <b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | <b>PERRI, LAURA E.</b>                    | 2.2 NAME  | <b>PERRI, LAURA E.</b>   |
| STREET ADDRESS             | <b>1 DIVISION STREET</b>                  | 2.3 STREET ADDRESS                                    | <b>254 LAKE BREEZE CIRCLE</b>  |
| CITY-ST-ZIP                | <b>TARRYTOWN NY</b>                       | 2.4 CITY-ST-ZIP                                       | <b>LAKE MARY, FL 32746</b>   |
| TITLE                      | <b>ST</b> <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| NAME                       | <b>PERRI, VICKIE L.</b>                   | 3.2 NAME  |  |
| STREET ADDRESS             | <b>1 DIVISION STREET</b>                  | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>TARRYTOWN NY</b>                       | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE           | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| NAME                       |   | 4.2 NAME  |  |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE           | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| NAME                       |   | 5.2 NAME  |  |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE           | 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)(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: *Vickie L Perri*      **4-18-96**      **407-292-2128**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **VICKIE L. PERRI**      SECRETARY/TREASURER

CR2E034 (12/95)