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 # **F78007** **(4)**

1. Corporation Name
PERINI INTERIORS, INC.

Principal Place of Business
6828 W. CALUMET CIR.
P.O. BOX 5285
LAKE WORTH FL 33467
US

Mailing Address
PO BOX 5285
P.O. BOX 5285
LAKE WORTH FL 33466-5285
US

2. Principal Place of Business	2a. Mailing Address
21	26 4800 N. FEDERAL HWY.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. Suite 307-B
23 City & State	28 City & State Boca Raton, FL
24 Zip / 25 Country	29 Zip 33431 / 30 Country USA

3. Date Incorporated or Qualified 04/27/1982
3a. Date of Last Report 05/01/1995
4. FEI Number 59-2203160 ☐ 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

9. Name and Address of Current Registered Agent

PERINI, DARIO M
6828 W. CALUMET CR.
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81 Name CAP SERVICE CORPORATION
82 Street Address (P.O. Box Number is Not Acceptable) 4800 N. FEDERAL HIGHWAY, SUITE 307-B
83
84 City BOCA RATON, FL 85 Zip Code 33431

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 [signature] President 7/10/96
Signature of Registered Agent ... NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PERINI, DARIO M		1.2 NAME	
STREET ADDRESS	6828 W. CALUMET CIRCLE		1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ 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: [signature] 7-9-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)