

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

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**Jun 09 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H31956 (6)

1. Corporation Name
A PERFECT SOLUTION, INC.



Principal Place of Business C/O FLANAGAN, PETER 815 NORTH DIXIE HIGHWAY WEST PALM BEACH FL 33401	Mailing Address C/O FLANAGAN, PETER 815 NORTH DIXIE HIGHWAY WEST PALM BEACH FL 33401-3327
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3. Date Incorporated or Qualified 11/29/1984	3a. Date of Last Report 06/13/1996
4. FEI Number 59-2474964	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 C/O FLANAGAN, PETER	2a. Mailing Address 26 C/O FLANAGAN, PETER
Suite, Apt. #, etc. 22 3676 COLLIN DR, # 9	Suite, Apt. #, etc. 27 3676 COLLIN DR, # 9
City & State 23 WEST PALM BEACH, FL	City & State 28 WEST PALM BEACH, FL
Zip 24 33406	Country 25
Zip 29 33406	Country 30

9. Name and Address of Current Registered Agent

**FLANAGAN, PETER
815 NORTH DIXIE HIGHWAY
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name **FLANAGAN, PETER**

82 Street Address (P.O. Box Number is Not Acceptable)
3676 COLLIN DRIVE, SUITE 9

83

84 City **WEST PALM BEACH** FL 85 Zip Code **33406**

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	PSTD	<input type="checkbox"/> DELETE
NAME	FLANAGAN, PETER	
STREET ADDRESS	4723 OAK TERRACE DRIVE	
CITY-ST-ZIP	LAKEWORTH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	LAKELAND, FL 33403
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: *[Signature]* 6/11/97 (561) 424-3747

CR2E034 (9/96)