

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

50 MAY -1 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J54555**

(4)

1. Corporation Name:

PERFECT FINISHING INC.

Principal Place of Business:

**2439 SW 13TH ST
DEERFIELD BEACH FL 33442**

Mailing Address:

**2439 SW 13TH ST
DEERFIELD BEACH FL 33442**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1987

3a. Date of Last Report

03/24/1994

4. FEI Number

59-2770522

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

2a. Mailing Address:

26

State Apt # etc

State Apt # etc

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FERRARA, VINCENT
2439 S.W. 13 STREET
DEERFIELD FL 33442**

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 Zip Code

11. Pursuant to the provisions of Sections 199.032 and 199.035, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent to 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 199.035, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent in Charge)

(Signature of Registered Agent or Registered Agent in Charge)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

01

NAME

P

**FERRARA, VINCENT
2439 S.W. 13 STREET
DEERFIELD FL**

STREET ADDRESS

CITY, ST, ZIP

02

NAME

STREET ADDRESS

CITY, ST, ZIP

03

NAME

STREET ADDRESS

CITY, ST, ZIP

04

NAME

STREET ADDRESS

CITY, ST, ZIP

05

NAME

STREET ADDRESS

CITY, ST, ZIP

06

NAME

STREET ADDRESS

CITY, ST, ZIP

01

NAME

STREET ADDRESS

CITY, ST, ZIP

02

NAME

STREET ADDRESS

CITY, ST, ZIP

03

NAME

STREET ADDRESS

CITY, ST, ZIP

04

NAME

STREET ADDRESS

CITY, ST, ZIP

05

NAME

STREET ADDRESS

CITY, ST, ZIP

06

NAME

STREET ADDRESS

CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.032(b)(4), 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. I, as an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 429, Florida Statutes, and that my name appears in this report as required by Chapter 429, Florida Statutes, and that my name appears in this report as required by Chapter 429, Florida Statutes.

SIGNATURE:

Vincent M. Ferrara

VINCENT M. FERRARA

4-27-95

(305) 975-6326

(Signature and Typed or Printed Name of Signing Officer or Director)

(Date)

(Phone Number)