

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

1995 JUL 25 AM 9:18

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K98285 (5)

1. Corporation Name

PERFECT FLOORS & WINDOWS, INC.

Principal Place of Business

Mailing Address

% SUSAN HENRY
1920 TIGERTAIL BLVD., BLDG. 12
DANIA FL 33004
US

% SUSAN HENRY
1920 TIGERTAIL BLVD., BLDG. 12
DANIA FL 33004
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/22/1989

3a. Date of Last Report

07/22/1994

4. FEI Number

65-0152053

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

2a. Mailing Address

21 1926A Tigertail Blvd.

26 1926A Tigertail Blvd.

Suite, Apt. #, etc

Suite, Apt. #, etc

22 Bldg. 12

27 Bldg. 12

City & State

City & State

23 Dania, FL.

28 Dania, FL.

Zip

Country

Zip

Country

24 33004

25 USA

29 33004

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENRY, SUSAN
1920 TIGERTAIL BLVD.
BLDG. 12
DANIA FL 33004

81 Name

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

1926A Tigertail Blvd. Bldg. 12

83

84 City

Dania,

FL

85 Zip Code

33004

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 of guest or principal holder of registered agent and the 4 application)

(If TFE Registered Agent, signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PS
NAME	HENRY, SUSAN
STREET ADDRESS	1920 TIGERTAIL BLVD., BLDG. 12
CITY, ST, ZIP	DANIA FL
TITLE	V
NAME	HENRY, WILLIAM S.
STREET ADDRESS	1920 TIGERTAIL BLVD., BLDG. 12
CITY, ST, ZIP	DANIA FL
TITLE	T
NAME	KRUP, JOSEPH
STREET ADDRESS	1920 TIGERTAIL BLVD., BLDG. 12
CITY, ST, ZIP	DANIA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL CORPORATE OFFICERS AND DIRECTORS (If TFE Registered Agent, signature required when reappointing)	
11 TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	1926A Tigertail Blvd. Bldg. 12
14 CITY, ST, ZIP	Dania, FL. 33004
21 TITLE	☒ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	1926A Tigertail Blvd. Bldg. 12
24 CITY, ST, ZIP	Dania, FL. 33004
31 TITLE	☒ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	1926A Tigertail Blvd. Bldg. 12
34 CITY, ST, ZIP	Dania, FL. 33004
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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. 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:

Susan K. Henry

Susan K. Henry

7-21-95

305-922-7175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone (Area #)