

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

FILED

Feb 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
------------------------------------------------------------------	-----------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------

DOCUMENT # L14872 (0)
 1. Corporation Name
PERFECTLY PFAUX, INC.



Principal Place of Business % JUNE G. MARSHALL 3310 NW FEDERAL HWY JENSEN BEACH FL 34957	Mailing Address % JUNE G. MARSHALL 3310 NW FEDERAL HWY JENSEN BEACH FL 34957-4402
------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 5380 N OCEAN APT 4-B City & State 23 SINGER IS. Zip 24 33404	2a. Mailing Address 26 Suite, Apt. #, etc. 27 5380 N. OCEAN APT 4-B City & State 28 SINGER IS Zip 29 33404	3. Date Incorporated or Qualified 09/05/1989	3a. Date of Last Report 05/01/1996	4. FEI Number 65-0140249	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent MARSHALL, JUNE G. 3310 NW FEDERAL HWY JENSEN BEACH FL 34957	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 5380 N OCEAN DR APT 4-B 83 84 City SINGER IS 85 Zip Code FL 33404
--------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME MARSHALL, JUNE G STREET ADDRESS 3310 NW FEDERAL HIGHWAY CITY - ST - ZIP JENSEN BEACH FL	<input type="checkbox"/> DELETE	1.1 TITLE PD 1.2 NAME JUNE MARSHALL 1.3 STREET ADDRESS 5380 N OCEAN APT 4-B 1.4 CITY - ST - ZIP SINGER IS, FL 33404	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CEOD NAME MARSHAL, FRED H STREET ADDRESS 3310 NW FEDERAL HWY CITY - ST - ZIP JENSEN BEACH FL	<input type="checkbox"/> DELETE	2.1 TITLE CEO 2.2 NAME MARSHALL, FRED H 2.3 STREET ADDRESS 5380 N OCEAN APT 4-B 2.4 CITY - ST - ZIP SINGER IS FL 33404	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] 2/20/97 561-844-1325
 DATE: _____ DAYTIME PHONE: _____

CR2E034 (9/96)