| AMOUNT DU | E ON OR BEFORE 09/30/98: \$55 | 0 (IF DISSOLVED, MINIMUN | AMOUNT DUE T | O REINS | TATE | E: \$750). | | | | |
|---|---|---|--|----------------------|---------|------------------|--|--------------|--|--------------------------|
| COR ANNU | PROFIT PORATION IAL REPORT | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | | | | | | |
| DOCUI | MENT # L827 | 780 | (2) | | | | | | | |
| HOMEST | TUFF TOO, INC. | | | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | | | I BOIL BIEIL | | MATERIAL MINISTRA |
| 10388 159TH COURT NORTH 10388 159TH COURT NORT IUPITER FL 33478 JUPITER FL 33478 | | | | Н | | | DO NOT WRIT | E IN THE | S P ACE | <u>:</u> |
| | | | · <u>·</u> - ·- · | | | | 3. Date Incorporated or Qualified 06/22/1990 | | | |
| 2. Principal P Ti | lace of Business | — <u> </u> | 2a. Mailing Address | | | | 4. FEI Number | | ļ | Applied For |
| 1 Suite, Apt | # elc | | Suite, Apt. #, etc. | | | | 65-0205032 | | <u>- </u> | Not Applicable |
| 2 City & State | | 27 | <u></u> | | | | 5. Certificate of Status Desired | | Fe | 75 Additional e Required |
| Zip | Country | 28 | | Coun | itrv | | 6. Election Campaign Financing Trust Fund Contribution | | Add | .00 May Be |
| 4 | Country Zip 25 29 | | | 30 | | | This corporation owes or has p Personal Property Tax due Jun | | Yes | r intangible |
| | 9. Name and Address of | | | ×1 | | | 10. Name and Address of New R | | | |
| PERI | NI, T ob ey | | | 1 | 81 | Name | | | | |
| 10388 159TH CT N | | | | | 82 | Street Ad | dress (P.O. Box Number is Not Accepta | ole) | | |
| JUPITER FL 33478 | | | | 83 | | | | | | |
| | | | | Ľ | 33 | | | | | |
| | | | | [1 | 84 | City | | FI | 85 | Zip Code |
| 11. Pursuant | to the provisions of sections to | 607.0502 and 607.1508, I | lorida Statutes, | the abo | ve-n | amed corp | poration submits this statement for the puation's board of directors. I hereby accep | pose of c | hanging l | ts registered |
| agent. I a | im familiar with, and accept ti | he obligations of, section | 607.0505, Flori | da Statu | tes. | ne corpora | anon's board of directors. Thereby accep | тие арро | initionic e | is registered |
| 12. | Signature, typed or printed name of regis | stered agent and title if applicable ERS AND DIRECTORS | (NOTE | E: Registere | o Age | int signature re | equired when reinstating) | DATE | 10 DIDE | OTODO IN 40 |
| TITLE | P | ERS AND DIRECTORS | DELETE | 1.1 TITL | | Ι. | ADDITIONS/CHANGES TO OFF | ICERS A | | |
| AME | PERINI, TOBEY | Ļ | | 1.2 NAM | | | | | Char | ige L Addition |
| TREET ADDRESS | 10388 159TH CT N | | | 1.3 STR | EET A | DDRESS | | | | |
| CITY-ST-ZIP | JUPITER FL | | | 1.4 CITY | /-ST-ZI | IP | | | 7,4 | |
| TITLE | | | DELETE | 2.1 TITL | E | | | | Char | nge Addition |
| (AME | | | | 2.2 NAM | | | | | | |
| STREET ADDRESS | | | | 2.3 STR | | 1 | | | J. | |
| TITY-ST- ZI P | | | - DELETE | 2.4 CITY 3.1 TITL | | IP . | | | | |
| IAME | | L | DELETE | 3.2 NAM | | | | | Li Char | nge Addition |
| TREET ADDRESS | | | | 3.3 STR | | DDRESS | | | | |
| CITY-ST-ZIP | | | | 3.4 CITY | /-ST-ZI | IP | | | | |
| TITLE | | | DELETE | 4.1 TITL | E | | | | Char | nge Addition |
| IAME | | | | 4.2 NAM | 1E | | | | | |
| TREET ADDRESS | | | | 4.3 STRE | | | | | | |
| ITY-ST-ZIP | | | ٦ | 4.4 CITY | | IP | | | <u>7</u> | — |
| itle Iame | | L | DELETE | 5.1 TITL 5.2 NAM | | | | | Char | nge Addition |
| TREET ADDRESS | | | | 5.2 NAW | | DRESS | | | | |
| CITY-ST-ZIP | | | | 5.4 CITY | | | | | | |
| TILE | | Γ | DELETE | 6.1 TITL | | | | | Char | nge Addition |
| IAME | | _ | | 6.2 NAM | IE | | | | | y |
| TREET ANNUESS | | | | 0.0.070 | | DDDEOD | | | | |

14. I 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 apcurate 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 disposered 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. 7-31-98 561-147-2655

6.4 CITY-ST-ZIP

CITY-ST-ZIP