

**FILE NOW: FILING FEE AFTER MAY 7 IS \$225.00**

CORPORATION  
 ANNUAL REPORT  
**1995**  
 FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS



APPROVED AND FILED  
 95 MAR 16 AM 10:15  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P35633** (7)  
 1. Corporation Name  
**FACELIFTERS HOME SYSTEMS, INC.**

Principal Place of Business Mailing Address  
**600 SNEDIKER AVENUE** **600 SNEDIKER AVENUE**  
**BROOKLYN NY 11207-0606** **BROOKLYN NY 11207-0606**

DO NOT WRITE IN THIS SPACE.  
 3. Date Incorporated or Qualified **09/24/1991** 3a. Date of Last Report **03/02/1994**

2. Principal Place of Business 2a. Mailing Address  
 21 **621 N.W. 53 STREET** 26 **621 N.W. 53 STREET**  
 Suits, Apt. #, etc. Suits, Apt. #, etc.  
 22 **SUITE 450** 27 **SUITE 450**  
 City & State City & State  
 23 **BOCA RATON** 28 **BOCA RATON**  
 Zip Country Zip Country  
 24 **33487** 25 Country 29 **33487** 30 Country

4. FEI Number **11-2453313** 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

9. Name and Address of Current Registered Agent  
**GROSS, MURRAY H.**  
**6011 BENJAMIN ROAD, SUITE 107**  
**TAMPA FL 33634**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**621 N.W. 53 STREET**  
 83 **SUITE 450**  
 84 City **BOCA RATON** 85 Zip Code **FL 33487**

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	PD
NAME	GROSS, MURRAY
STREET ADDRESS	619-B OCEAN FRONT
CITY - ST - ZIP	LONG BEACH NY
TITLE	CD
NAME	HONIGSFELD, MARK
STREET ADDRESS	989 EAST END
CITY - ST - ZIP	WOODMERE NY
TITLE	VD
NAME	HONIGSFELD, DEEDEE
STREET ADDRESS	989 EAST END
CITY - ST - ZIP	WOODMERE NY
TITLE	V
NAME	WOLCOTT, DARRELL
STREET ADDRESS	268 NEPTUNE BLVD.
CITY - ST - ZIP	LONG BEACH NY
TITLE	V
NAME	HARRIS, MALCOLM
STREET ADDRESS	P.O. BOX 7077
CITY - ST - ZIP	HICKSVILLE NY
TITLE	V
NAME	SHROUP, JAMES, SR.
STREET ADDRESS	454 GRAND BLVD.
CITY - ST - ZIP	LONG BEACH NY

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	17563 SCARSDALE WAY
1.4 CITY - ST - ZIP	BOCA RATON, FL 33496
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	5645 PACIFIC BLVD.
4.4 CITY - ST - ZIP	BOCA RATON, FL 33433
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	4950 CABLES FARM ROAD
5.4 CITY - ST - ZIP	SANDSTON, VA 23150
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	27 COLLEGE LANE
6.4 CITY - ST - ZIP	WESTBURY, NY 11590

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; 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 my address.

SIGNATURE: *Darrell Wolcott* **DARRELL WOLCOTT** 3/2/95 (407)997-2557  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)