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May 14 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 # P93000005725 (5)

1. Corporation Name
PEARLS POWER SPRAY, INC.



Principal Place of Business
10275 N.W. 53RD ST.
SUNRISE FL 33351

Mailing Address
10275 N.W. 53RD ST.
SUNRISE FL 33351-8077

3. Date Incorporated or Qualified 01/19/1993
3a. Date of Last Report 05/01/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 1947 SW 177 AVE		25 1947 SW 177 AVE		65-0369526		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23 Miramar Fla.		28 Miramar Fla.		<input type="checkbox"/>			
Zip		Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24 33029		29 33029		30			

9. Name and Address of Current Registered Agent
PEARL, STEVEN
10700 N.W. 14TH ST.
PLANTATION FL 33351

10. Name and Address of New Registered Agent

81 Name	Pearl Steven	
82 Street Address (P.O. Box Number is Not Acceptable)	1947 SW 177 Ave.	
83		
84 City	Miramar Fla.	FL
85 Zip Code	33029	

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: *Steven L Pearl* Steven L Pearl 4/28/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	P	<input type="checkbox"/>
NAME	PEARL, STEVEN	
STREET ADDRESS	10700 N.W. 14TH ST.	
CITY - ST - ZIP	MIRAMAN FL	
TITLE	VP	<input checked="" type="checkbox"/>
NAME	DOWNING, KENNETH	
STREET ADDRESS	16175 NW 9TH DR	
CITY - ST - ZIP	PEMBROKE PINES FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	President	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Pearl Steven		
1.3 STREET ADDRESS	1947 SW 177 Ave.		
1.4 CITY - ST - ZIP	Miramar Fla. 33029		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

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: *Steven L Pearl* Steven L Pearl 4/28/97 954 646-7676
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)