## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

P95000058812 (5)

A PERFECT HOUSE, INC.

Principal Place of Business

600 N FEDERAL HWY

Mailing Address



800 N FEDERAL HWY POMPANO BEACH FL 33062		800 N FEDERAL HWY POMPANO BEACH FL 33062					
					3. Date Incorporated or Qualified 07/27/1995	3a, Date of Last Report	
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number	Applied For	
21 600 N. FRUERAL HOLY. 26 SAME					105 Clood 5	5/ Not Applicab	
22 Suite, Apt. #	, etc	Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Civ. A. State [23]   CV 1. A	No BUH. FL.	City & State F 2 4			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
[24] 33 <i>6</i> 96	Country  25 Britelia	7 <sub>ip</sub> <b>29</b>	Countr 30	<i>i</i>	This corporation has liability for Florida Statutes	s <b>∑X</b> No	
	9. Name and Address of Current	Registered Agent		T	10. Name and Address of New I	Registered Agent	
15.00	0.15V =		81	Name			
Lewis, gary e 13617 Exotica Ln.			82	0.000	et Address (P.O. Box Number is Not Acceptable)		
WELLIN	GTON FL 33414-8152		83				
maa in additi	Al., 2007 0000		84	- '		FL 85 Zip Code	
or regioteits	the provisions of Sections 607.0502 a d agent, or both, in the State of Florida , and accept the obligations of, Section	. Such change was authorize	ea by the cort	named corpo xoration's boa	oration submits this statement for the purad of directors. I hereby accept the app	rpose of changing its registered offi ointment as registered agent. I am	
SIGNATURE _							
. 12.	ignature, typed or printed name of registered agent an OF FICERS AND			nt signature require	ad when rainstating!	DATE	
TILE	PTD	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFF		
NAME	LEWIS, GARY E	LJ bittese	1.7 MAME			☐ Change ☐ Addition	
STREET ADDRESS	13617 EXOTICA LN			1000000			
OTY ST ZIP	WELLINGTON FL 33414-8152	1		ADDRESS			
11'16	VSD	. DELETE	14 CiTY-	SI - ZIP		Change Addition	
NAME	ARDELLA, LOUIS	_ ottere	2 2 NAME			Change Addition	
STREET ADDRESS	1110 S. MILITARY TR. #206			ADDRESS			
C-1Y - ST - Z-P	DEERFIELD BEACH FL 33442	)		1			
TiTLF	7 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DELETE	24 C/TY - 3 1 THTLE	SI-ZIP		Change Addition	
NAME			3.2 NAME			C Charge C Advition	
STREET ADDRESS				T ADDRESS			
CITY - ST - ZIF:			3.4 CITY -				
TIFLE		DELETE	4. 1 TITLE	11-211		Change Addition	
NAME		_	4.2 NAME				
STREET ADDRESS				ADDRESS			
CHY-S1-ZIF			4.4 CITY - 1				
Till: F		☐ DELETE	5. 1 TITLE	<u></u>		Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			1	ADDRESS			
CHY-S1-ZIP			5.4 CITY-				
TITLE		DELETE	6 1 TITLE			Change Addition	
MAM			6.2 NAME				
STHEE! ADDRESS				ADDRESS			
CITY ST-ZiP			6.4 CITY - 5				
	certify that the information supplied wit	h this filing is voluntarily furni	shed and doc	s not qualify t	for the exemption stated in Section 119	.07(3)(k), Florida Statutes. I further	

14. Too hereby early that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 507, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DIFFICER OR DIRECTOR

16 GEY 784 4355