SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000075021

1. Corporate Name
P HOUSE INC

Principal Place of Business
1316 NE 4th St
Fort Lauderdale Fl 33301

Mailing Address
SAME

3. Date Incorporated: DEC 4-1995

3a. Date of Last Report:

4. FEI Number: 65-0613086

5. Certificate of Status Desired:

$8.75 Additional Fee Required

6. Electronic Corporate Filing Trust Fund Deposit Acct:

$5.00 May Be Added to Fees

8. This corporation has activity in Florida Statutes: X Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. # etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. # etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent
ROBERT DIGNONE
1316 NE 4th St
Fort Laud Fl 33301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the undersigned hereby accepts the designation as registered agent in the above certificate.

SIGNATURE ROBERT DIGNONE 6-18-96

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	ROBERT DIGNONE
STREET ADDRESS	1316 NE 4th St
CITY, ST, ZIP	Fort Lauderdale Fl 33301
TITLE	Vice President
NAME	Joseph Hemple
STREET ADDRESS	1316 NE 4th St
CITY, ST, ZIP	Fort Laud Fl 33301
TITLE	Secretary
NAME	Barry Van Ry
STREET ADDRESS	1316 NE 4th St
CITY, ST, ZIP	Fort Laud Fl 33301
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

900001876739
-06/26/96--01083--046
***225.00

14. The undersigned, being the President of the above corporation, hereby certifies that the information indicated on this report or supplemental report is true and accurate and that his/her signature shall have the same legal effect as if made under oath; that he/she is familiar with and authorized to execute this report on behalf of the corporation pursuant to Section 607.0205, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 522-5145
6-18-96
CS 6/26/96

CR2E034 (3/96)