· PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Kathering\_Harris

Secretary of State DIVISION OF CORPORATIONS FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

95000075021 **DOCUMENT #** 

1. Corporation Name

P	House,	INC
J	mouse,	#1 V C

Principal Place of Business

Mailing Address

			REINSTATEMEN	199-00°
•	The second secon		-3. Date Incorporated or Qualifed	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
1610 SW 477 AVE	26 1610 SW 4	4TH Auc	65-0613086	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<del>_</del> .	5. Certifcate of Status Desired	\$8.75 Additional
·	27		J. Commodic of Ounday Desired	Fee Required
City & State  FORT LAUDEROGUE F	City & State  L. 28 FORT LAUR	roalt-1	6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25 25	Zip 29 33315	Country 30	This corporation owes the current year     Personal Property Tax.	Intangible □ Yes <b>⊠</b> No
9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registere	d Agent
		81 Name	ROBERT PIGNONÉ	
			dress (P.O. Box Number is Not Acceptable)	
		/ 6	10 SW 417+ AVE	
		83		
		84 City FOR	T LAUDERBALE F	L 85 Zip Code
11. Pursuant to the provisions of Sections 607.05	502 and 607.1508, Florida Statute	s, the above-named cor	poration submits this statement for the purpose	of changing its registered
office or registered agent, or both, in the Stat	e of Florida. Such change was au	thorized by the corporat	tion's board of directors: I hereby accept the app	ointment as registered
<i>V</i> ∧ <i>J</i> 1 ′ 1.	autoris of, Section 607.0303, Flori	da Otatules.	2/28	len
SIGNATURE Signature, typed or printed name of registered a	gent and title if applicable. (NOTE:	Registered Agent signature requi	red when reinstating) DATE	<u>"</u>
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
me P	DELETE		5. 7	Change Addition
IME PIGNONE, ROBER	<b>T</b>	1.2 NAME	GNONE, ROBERT	-
TREET ADDRESS	•	1.3 STREET ADDRESS	610 SW 4774 AUE	_
ITY-ST-ZIP			PORT LAUDERDAGE F	2 33315
TLE VP	☐ DELETE	2.1 TITLE		Change Addition
AME HEMPLE JOSEPH	1 -	22 NAME /-	temple, Jakeph	,
TREET ADDRESS			510 SIN LITE AVE	
ITY-ST-ZIP			EDRT LAUDOMONIE	PC 33315
TILE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
AME		- 3.2 NAME		
TREET ADORESS		3.3 STREET ADDRESS	200003201	79426
MY-ST-ZIP		3.4. CITY-ST-ZIP	-04/13/00	-01111001
TLE	☐ DELETE	4.1 TITLE	****750.00	Citarge 5   Waldition
AME		4.2 NAME	م میں جاتے ہے۔ ماری اس	
THEET ADDRESS		4.3 STREET ADDRESS	200003207	
٩ ١		4.4 CITY-ST-ZIP	-04/13/00	
ITN-ST-ZIP	☐ DELETE	5.1 TITLE	****150.00	Change D
	<u></u>	5.2 NAME		<u> </u>
AME		5.3 STREET ADDRESS		
CLEET ADDRESS		5.4 CITY-ST-ZIP		
/-ST-ZIP	□ nci ctr	6.1 TITLE		Change Addition
E	☐ DELETE			
準		6.2 NAME		
LEET ADDRESS		6.3 STREET ADDRESS		
TV. ST. 7ID		6.4 CITY-ST-ZIP		

A. 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 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, with all other like empowered.

SIGNATURE:

ED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #