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FILED
Feb 25 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 # P96000024926 (3)

1. Corporation Name
A PERFECTLY BEAUTIFUL WEDDING, INC.



Principal Place of Business
2124 NE 44TH STREET
LIGHTHOUSE POINT FL 33064

Mailing Address
2124 NE 44TH STREET
LIGHTHOUSE POINT FL 33064-9010

3. Date Incorporated or Qualified 02/28/1996	3a. Date of Last Report
4. FEI Number 65-0673718	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent
ADAMS, MARSHALL A
2400 E. COMMERCIAL BLVD., STE. 720
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81. Name Melanie Melfi Alston
82. Street Address (P.O. Box Number is Not Acceptable) 2124 NE 44TH Street
83. City Lighthouse Point
84. State FL
85. Zip Code 33064

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: *Melanie Melfi Alston* (NOTE: Registered Agent signature required when reinstating) DATE: 2/22/97

12. OFFICERS AND DIRECTORS

TITLE DPS	NAME MELFI, MELANIE	<input type="checkbox"/> DELETE
STREET ADDRESS 2124 NE 44TH STREET	CITY- ST- ZIP LIGHTHOUSE POINT FL 33064	
TITLE DVT	NAME ALSTON, NIGEL	<input type="checkbox"/> DELETE
STREET ADDRESS 2124 NE 44TH STREET	CITY- ST- ZIP LIGHTHOUSE POINT FL 33064	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY- ST- ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY- ST- ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Melanie Melfi Alston* 2/2/97 (943) 943-4920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)