

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 16, 1999 8:00 am**  
**Secretary of State**

04-16-1999 90040 014 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000084451**

1. Corporation Name  
**PERILLI FLOORING, INC.**

Principal Place of Business <b>474 SW WEST VIRGINIA DR                  PORT ST LUCIE FL 34983</b>	Mailing Address <b>474 SW WEST VIRGINIA DR                  PORT ST LUCIE FL 34983</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>5230 NW ALSO Circle</b> Suite, Apt. #, etc. 22 <b>Port St Lucie</b> City & State 23 <b>Florida</b> Zip 24 <b>34986</b> Country 25 <b>St Lucie</b>	2a. Mailing Address 26 <b>PO Box 12314</b> Suite, Apt. #, etc. 27 City & State 28 <b>Port Pierce, Fl</b> Zip 29 <b>34979</b> Country 30 <b>St Lucie</b>
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3. Date Incorporated or Qualified <b>09/30/1998</b>	4. FEI Number <b>65-0865144</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**PERILLI, PETER**  
**474 SW WEST VIRGINIA DR**  
**PORT ST LUCIE FL 34983**

10. Name and Address of New Registered Agent

81 Name <b>Peter Perilli</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>5230 NW ALSO Circle</b>
83
84 <b>Port St Lucie</b> FL 85 Zip Code <b>34986</b>

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 Peter Perilli DATE 4-12-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			1.2 NAME	<b>Peter Perilli</b>	
STREET ADDRESS			1.3 STREET ADDRESS	<b>5230 NW ALSO Circle</b>	
CITY-ST-ZIP			1.4 CITY-ST-ZIP	<b>Port St Lucie, Fl 34986</b>	
TITLE	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			2.2 NAME	<b>VP PAUL POLLACK</b>	
STREET ADDRESS			2.3 STREET ADDRESS	<b>1034 SW FACET AVE</b>	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	<b>Port St Lucie, Fl 34953</b>	
TITLE	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			3.2 NAME	<b>Elizabeth Perilli</b>	
STREET ADDRESS			3.3 STREET ADDRESS	<b>5230 NW ALSO Circle</b>	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	<b>Port St Lucie, Fl 34953</b>	
TITLE	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			4.2 NAME	<b>FRANKLIN NOWACKI</b>	
STREET ADDRESS			4.3 STREET ADDRESS	<b>474 SW West VIRGINIA DR</b>	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	<b>Port St Lucie, Fl 34983</b>	
TITLE	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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: Peter Perilli **SIGNATURE REQUIRED** DATE: 4-12-99 DAYTIME PHONE #: 878-0290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)