FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 20 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V35642** **(0)**

1. Corporation Name

THE PERFECT SETTING OF BOCA RATON, INC.

Principal Place of Business	Mailing Address
5050 TOWN CENTER CIRCLE STE. 239 BOCA RATON FL 33486 US	5050 TOWN CENTER CIRCLE STE. 239 BOCA RATON FL 33486 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/11/1992
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27

City & State — 23 / 28

Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 65-0340214 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DUNN, LORETTA B.
5050 TOWN CENTER CIRCLE
STE. 239
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE
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	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	DUNN, LORETTA B	1.2 NAME		
STREET ADDRESS	1047 BOCA COVE LANE	1.3 STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND BCH FL	1.4 CITY-ST-ZIP		
TITLE	VPD	2.1 TITLE		☐ Change ☐ Addition
NAME	LEE, JOEL E	2.2 NAME		
STREET ADDRESS	5050 TOWN CTR CIR #239	2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP		
TITLE	VPD	3.1 TITLE		☒ Change ☐ Addition
NAME	DANIELS, ALAN	3.2 NAME	RESIGNED 4/13/95	
STREET ADDRESS	1239 WALDEN DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP		
TITLE	STD	4.1 TITLE		☐ Change ☐ Addition
NAME	LANDON, JAMES C	4.2 NAME		
STREET ADDRESS	1534 S.W. 7TH AVE.	4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☒ Change ☐ Addition
NAME	DANIELS, BARBARA	5.2 NAME	RESIGNED 4/13/95	
STREET ADDRESS	3309 HIBISCUS DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ JAMES C. LANDON DIRECTOR 4-14-95 407-338-82-92
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0870150 CP