

**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. Morlham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M60460 (6)
1. Corporation Name

PERFECT PARTIES PLUS, INC.

FILED
96 SEP -4 PM 3: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: **10465 GROVE LANE COOPER CITY FL 33328**
Mailing Address: **10465 GROVE LANE COOPER CITY FL 33328**

2. Principal Place of Business
21 Suite, Apt. #, etc
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 Suite, Apt. #, etc
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified: **10/08/1987**
3a. Date of Last Report: **05/16/1995**
4. FEI Number: **65-0011102**
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

10. Name and Address of New Registered Agent

**RASSNER, WAYNE H.
%RASSNER, RASSNER, KRAMER & GOLD, P.A.
7000 S.W. 62ND AVENUE, PH-B
S. MIAMI FL 33143**

81 Name: **Britan and Kramer P.A.**
82 Street Address (P.O. Box Number is Not Acceptable): **7700 North Kendall Pk. Suite 803**
83 City: **Miami Fla 33156**
84 City: **Miami**
85 Zip Code: **FL 33156**

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

Signature type for principal officer of the corporation and title (applicable)

(NOTE: Registered Agent Signature required when resigning)

DAR

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	ZUCKERMAN, BRAD	
STREET ADDRESS	10465 GROVE LANE	
CITY - ST - ZIP	COOPER CITY FL 33328	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	900001940249
23 STREET ADDRESS	-09/05/96 --01101 --013
24 CITY - ST - ZIP	****225.00 ****225.00
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Brad Zuckerman**

8/2/96 (954) 434-0063

CR2E034 (3/96)