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 MAY -1 AM 5:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L14974 (4)

1. Corporation Name
A PERFECT MATCH REFERRAL, INC.

Principal Place of Business	Mailing Address
7101 W MCNAB RD STE 103 TAMARAC FL 33321 US	7101 W MCNAB RD STE 103 TAMARAC FL 33321 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/08/1989	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0140435	☐ 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	

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

9. Name and Address of Current Registered Agent

BUTLER, BRUCE S.
7101 W MCNAB RD
STE 103
TAMARAC FL 33321

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 [illegible] and [illegible] 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 [illegible], Florida Statutes.

SIGNATURE [illegible] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ Change ☐ Addition
NAME	BUTLER, ALICIA	
STREET ADDRESS	7101 WEST MCNAB ROAD, #103	
CITY-ST-ZIP	TAMARAC FL	
TITLE	S	☐ Change ☐ Addition
NAME	BULTER, BRUCE	
STREET ADDRESS	7101 WEST MCNAB ROAD, #103	
CITY-ST-ZIP	TAMARAC FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95
Date

720-9100
Daytime Phone #