FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P28700 (3)

1. Corporation Name
PERFECT FIT INDUSTRIES, INC.

Principal Place of Business
201 CUTHBERTSON STREET
MONROE NC 28110

Mailing Address
201 CUTHBERTSON STREET
MONROE NC 28110

3. Date Incorporated or Qualified: 03/30/1990
3a. Date of Last Report: 03/28/1995

4. FEI Number: 56-1490236 ☐ 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
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 167TH STREET, SUITE 305
NORTH MIAMI BEACH FL 33162

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

12. OFFICERS AND DIRECTORS

TITLE	PCD	☐ DELETE
NAME	FONTENOT, M. L.	
STREET ADDRESS	201 CUTHBERTSON STREET	
CITY-ST-ZIP	MONROE NC	
TITLE	VSD	☐ DELETE
NAME	SEARS, LESTER D.	
STREET ADDRESS	201 CUTHBERTSON STREET	
CITY-ST-ZIP	MONROE NC	
TITLE	D	☐ DELETE
NAME	COHEN, PETER	
STREET ADDRESS	153 3 53ST S5900	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	☐ DELETE
NAME	COGAN, MARSHALL S	
STREET ADDRESS	153 E 53 ST S5900	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	☐ DELETE
NAME	RALLIS, JOHN	
STREET ADDRESS	3501 JAMBOREE RD S4000	
CITY-ST-ZIP	NEWPORT BCH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 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 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] 1-30-96 704-289-1531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)