

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

FILED

Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 28110-3803

3. Date Incorporated or Qualified
03/30/1990

3a. Date of Last Report
02/27/1996

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCO
NAME FONTENOT, M. L.
STREET ADDRESS 201 CUTHBERTSON STREET
CITY-ST-ZIP MONROE NC ☒ DELETE

1.1 TITLE President & CEO ☒ Change ☐ Addition
1.2 NAME Jody Vitale
1.3 STREET ADDRESS 201 Cuthbertson St.
1.4 CITY-ST-ZIP Monroe, NC 28111

TITLE VSD
NAME SEARS, LESTER D.
STREET ADDRESS 201 CUTHBERTSON STREET
CITY-ST-ZIP MONROE NC ☒ DELETE

2.1 TITLE CFO ☒ Change ☐ Addition
2.2 NAME David J. Kennedy
2.3 STREET ADDRESS 201 Cuthbertson St.
2.4 CITY-ST-ZIP Monroe, NC 28111

TITLE D
NAME COHEN, PETER
STREET ADDRESS 153 3 53ST S5900
CITY-ST-ZIP NEW YORK NY ☒ DELETE

3.1 TITLE SVP Operations ☒ Change ☐ Addition
3.2 NAME John Whitley
3.3 STREET ADDRESS 201 Cuthbertson St.
3.4 CITY-ST-ZIP Monroe, NC 28111

TITLE D
NAME COGAN, MARSHALL S
STREET ADDRESS 153 E 53 ST S5900
CITY-ST-ZIP NEW YORK NY ☒ DELETE

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME Ephraim Bloch
4.3 STREET ADDRESS 3300 South Ocean Blvd., Apt. 102N
4.4 CITY-ST-ZIP Palm Beach, FL 33480

TITLE D
NAME RALLIS, JOHN
STREET ADDRESS 3501 JAMBOREE RD S4000
CITY-ST-ZIP NEWPORT BCH FL ☒ DELETE

5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME Carl Belk
5.3 STREET ADDRESS 201 Cuthbertson St.
5.4 CITY-ST-ZIP Monroe, NC 28111

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-97

704-289-1531

CR2E034 (9/96)