

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 AUG 18 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000040475 (4)

1. Corporation Name

THE PERFECT FIT TRAINING AND MARKETING AGENCY, I
NC.

Principal Place of Business

4817 HUMMINGBIRD TRAIL
PALM HARBOR FL 34683

Mailing Address

4817 HUMMINGBIRD TRAIL
PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2917 GLENPARK ROAD Suite, Apt. #, etc. 22 City & State 23 PALM HARBOR FL Zip 24 34683 Country 25 PINELLAS		2a. Mailing Address 26 2917 GLENPARK ROAD Suite, Apt. #, etc. 27 City & State 28 PALM HARBOR FL Zip 29 34683 Country 30 PINELLAS		3. Date Incorporated or Qualified 06/08/1993 4. FEI Number 59-3187246 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		3a. Date of Last Report 05/01/1996 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent SOLEM, VICKI 4817 HUMMINGBIRD TRAIL PALM HARBOR FL 34683				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 300002272143--P -08/20/97--01053--007 84 City ****165.00			

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

Vicki Solem
Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/31/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLEM, MARILYN 4817 HUMMINGBIRD TRAIL PALM HARBOR FL 34683 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D SOLEM, LYNN 2917 GLENPARK ROAD PALM HARBOR FL 34683 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition

I did not receive the first
mailing (note address change)
so the check is in the "normal"
amount.

Vicki Solem

DA 8/19

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:

Vicki Solem

7/31/97

CR2E034 (4/97)