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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000087412 (9)

1. Corporation Name
Perfect Blend, Inc.

Principal Place of Business
6110-7 Powers Ave.
Jacksonville, FL
32217

Mailing Address
Same

3. Date Incorporated or Qualified: 11-1395
3a. Date of Last Report:

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. # or Bldg.
22

Suite, Apt. # or Bldg.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

4. FEI Number: 59-3343515

Apply for FEI Number

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. 199.042 Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

Allen, Glenn K.
353 East Forsyth St.
Jacksonville, FL 32202

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 section 607.0505 or 620.1905, Florida Statutes, the undersigned submits this document for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The name and address of the registered office and the name and address of the registered agent, as changed, are set forth below. Having been named as registered agent to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

SIGNATURE

12. Officer/Director Additions/Deletions

D
Horning, Michelle M.
9930 Margate Hills Pl.
Jacksonville, FL 32256

[ ] DELETE

13. Additions/Changes to Officers/Directors/Agents

[ ] CHANGE [ ] ADD

100001917491
-08/09/96--01021--029
***225.00

8/6/96

14. Acknowledgment: I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 added.

SIGNATURE: Michelle M. Horning
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR

8/6/96 904-363-8833

CR2E034 (3/96)