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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000087412 (9)

PERFECT BLEND, INC.

FILED May 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								- I HADINARI NA NOMO BININ BONIN OTNY BONIN BENDI IDNY IDDNY DIODI KIRAF (KOL KARL
9973 CHELSEA LAKE RD 9973 CHELS					LSEA LAKE RD VILLE FL 32256			
								DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
}								11/13/1995
2. Principal Place of Business 2e. Mailing Address								4. FEI Number Applied For
21				26				59-3343515 Not Applicable
! Suite, Apt. #, etc.				Suite, Apt. #, etc.				
P. S				27				5. Certificate of Status Desired Fee Required
City & State				City & State				6. Election Campaign Financing \$5.00 May Be
23			28					Trust Fund Contribution Added to Fees
Zip					<u> </u>	untry	•	8. This corporation owes or has paid the current year Intangible
24 25 29 30 9. Name and Address of Current Registered Agent						т-		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
				tored Agent		81	Name	IV. Haine and Address of New Registered Agent
ALLEN, GLENN K 353 EAST FORSYTH ST.								
JACKSONVILLE FL 32202						82	Street Addr	ress (P.O. Box Number is Not Acceptable)
.		DE 1 E GEEGE				83		
						84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-							e-named corp	poration submits this statement for the purpose of changing its registered
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 a			TE Registere	d Age	nt signature require	ed when reinstating) DATE
12.		OFFICERS A	ND DIREC		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VANIOO	UW THEOPOP P		DELETE	1.1 T	TLE		Change Addition
l :	NAME YANOCHIK, THERESE E STREET ADDRESS 9973 CHELSEA LAKE RD					AME		
ILOUGOLD OF PL ASSES							ADDRESS	
CITY-ST-ZIP TITLE	JAORG	MINULE PL 32230		DELETE		TY-S	T-ZIP	
NAME				- Ottert	2.1 TO 2.2 N			Change Addition Change
STREET ADDRESS							ADDRESS	"
CITY-ST-ZIP							ST-ZIP	
TITLE				DELETE	3.1 Ti		SI-ZIP	☐ Change ☐ Addition
NAME				_	32 N			
STREET ADDRESS						-	ADDRESS	
CITY-ST-ZIP							it-zip	
TITLE				☐ DELETE	41 Ti			Change Addition
NAME					4.21	AME		
STREET ADDRESS					4.3 S	REET.	ADDRESS	
C/TY - ST - ZIP					4.4 C	TY - S1	7-21P	
TITLE				DELETE	5.1 Ti	TLE		☐ Change ☐ Addition
NAME					5.2 N	ME		
STREET ADDRESS					5.3 S1	REET	ADDRESS	
CITY-ST-ZIP					5.4 CI		T- ZIP	
TITLE				DELETE	6.1 7			Change Addition
NAME					6.2 N			
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP					6.4 CI	TY-SI	r - ZIP	