


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

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Apr 24 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P96000021401 (0)</b> 1. Corporation Name <b>PERFECT PUBLICATIONS, INC.</b>		

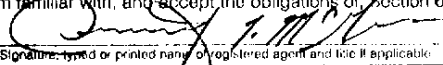


Principal Place of Business <b>2816 SOUTH ELSTON DRIVE DELTONA FL 32738</b>	Mailing Address <b>2816 SOUTH ELSTON DRIVE DELTONA FL 32738-1640</b>
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2. Principal Place of Business 21 <b>246 N. Westmonte Dr.</b> Suite, Apt. #, etc. 22 <b>Suite 107</b> City & State 23 <b>Altamonte Springs, FL</b> Zip 24 <b>32714</b>		2a. Mailing Address 26 <b>246 N. Westmonte Dr.</b> Suite, Apt. #, etc. 27 <b>Suite 107</b> City & State 28 <b>Altamonte Springs, FL</b> Zip 29 <b>32714</b>		3. Date Incorporated or Qualified <b>03/07/1996</b>		3a. Date of Last Report 	
4. FEI Number <b>593368766</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

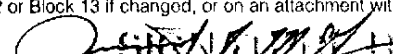
9. Name and Address of Current Registered Agent <b>MCGRODER, PATRICK</b> <b>2816 SOUTH ELSTON DRIVE</b> <b>DELTONA FL 32738</b>				10. Name and Address of New Registered Agent 81 Name <b>Patrick J McGroder</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>955 Silverton Loop</b> 83 84 City <b>Lake Mary</b> <b>FL</b> 85 Zip Code <b>32746</b>			
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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 **4-18-97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MCGRODER, PATRICK</b>			1.2 NAME			
STREET ADDRESS	<b>2816 SOUTH ELSTON DRIVE</b>			1.3 STREET ADDRESS	<b>246 N. Westmonte Dr. Suite 107</b>		
CITY-ST-ZIP	<b>DELTONA FL 32738</b>			1.4 CITY-ST-ZIP	<b>Altamonte Springs, FL 32714</b>		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MCGRODER, CHRISTINE</b>			2.2 NAME			
STREET ADDRESS	<b>2816 SOUTH ELSTON DRIVE</b>			2.3 STREET ADDRESS	<b>246 N. Westmonte Dr. Suite 107</b>		
CITY-ST-ZIP	<b>DELTONA FL 32738</b>			2.4 CITY-ST-ZIP	<b>Altamonte Springs, FL 32714</b>		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>SHAFFER, MARK</b>			3.2 NAME			
STREET ADDRESS	<b>3208-C EAST COLONIAL DRIVE, #335</b>			3.3 STREET ADDRESS	<b>4001 S. Decatur Blvd. # 37-480</b>		
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>			3.4 CITY-ST-ZIP	<b>Las Vegas, NV 89103-5800</b>		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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  DATE **4-18-97**

CP2E034 (9/96)