

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

FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000021401 (0)

1. Corporation Name  
PERFECT PUBLICATIONS, INC.



Principal Place of Business

246 N. WESTMONTE DR  
SUITE 107  
ALTAMONTE SPRINGS FL 32714  
US

Mailing Address

246 N WESTMONTE DR  
SUITE 107  
ALTAMONTE SRPINGS FL 32714  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/07/1996

4. FEI Number

59-3368766

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 998 Josiane Ct.

Suite, Apt. #, etc.

22 Ste. 10601

City & State

23 Altamonte Springs FL

Zip

24 32701

Country

25 U.S.

2a. Mailing Address

26 998 Josiane Ct.

Suite, Apt. #, etc.

27 Ste. 10601

City & State

28 Altamonte Springs FL

Zip

29 32701

Country

30 U.S.

9. Name and Address of Current Registered Agent

MCGRODER, PATRICK J  
955 SILVERTON LOOP  
LAKE MARY FL 32746

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 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

TITLE ☐ DELETE

NAME D  
MCGRODER, PATRICK  
STREET ADDRESS 246 N WESTMONTE DR. SUITE 107  
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE ☐ DELETE

NAME D  
MCGRODER, CHRISTINE  
STREET ADDRESS 246 N. WESTMONTE DR. SUITE 107  
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE ☒ DELETE

NAME D  
SHAFFER, MARK  
STREET ADDRESS 4001 S. DECATUR BLVD. #37-482  
CITY-ST-ZIP LAS VEGAS NV

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 955 Silvertown Loop  
1.4 CITY-ST-ZIP Lake Mary, FL 32746

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 955 Silvertown Loop  
2.4 CITY-ST-ZIP Lake Mary, FL 32746

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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]*

CR2E034 (10/97)