

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000026170 (6)

1. Corporation Name  
PLUS PERFECT, INC.

Principal Place of Business  
9635 EATON GARDENS LANE STE 101  
FORT MYERS FL 33919-8406

Mailing Address  
9635 EATON GARDENS LANE STE 101  
FORT MYERS FL 33919-8406

FILED  
May 19 1997 8:00am  
Secretary of State



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 13451 MCGREGOR BLVD		21 13451 MCGREGOR BLVD		03/19/1996	
22 Suite, Apt. #, etc.		22 Suite, Apt. #, etc.		4. F.I. Number	Applied For
22 #9		22 #9		65-0660643	Not Applicable
23 City & State		23 City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 FORT MYERS, FL		23 FORT MYERS, FL		<input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip		24 Zip		6. Election Campaign Financing Trust Fund Contribution	
24 33919		24 FL		<input type="checkbox"/>	
25 Country		25 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
25 USA		25 USA		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DEARBORN, JUDITH  
9635 EATON GARDENS LANE STE 101  
FORT MYERS FL 33919-8406

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 607.0602 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 true if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEARBORN, JUDITH	1.2 NAME	
STREET ADDRESS	9635 EATON GARDENS LANE STE 101	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33919-8406	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		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		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		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

*[Signature]*

*[Signature]*

CR2E034 (9/96)