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May 04, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000026170

1. Corporation Name
PLUS PERFECT, INC.

Principal Place of Business

134551 MCGREGOR BLVD
#9
FT MYERS FL 33919
US

Mailing Address

13451 MCGREGOR BLVD
#9
FT MYERS FL 33319
US

Pls. correct

Pls. correct

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/19/1996

2. Principal Place of Business

21 13451 MCGREGOR Blvd.

Suite, Apt. #, etc.

22 9

City & State

23 FORT MYERS, FL

Zip

24 33919

Country
25 US

2a. Mailing Address

26 13451 MCGREGOR Blvd.

Suite, Apt. #, etc.

27 9

City & State

28 FORT MYERS FL

Zip

29 33919

Country
30 US

4. FEI Number

65-0660643

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 the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

DEARBORN, JUDITH
1119 PERIWINKLE WAY
BLDG 344
SANIBEL FL 33957

Pls. correct

10. Name and Address of New Registered Agent

81 Name DEARBORN, JUDITH

82 Street Address (P.O. Box Number is Not Acceptable)
1119 PERIWINKLE WAY #32

83

84 City SANIBEL

FL

85 Zip Code

33957

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 JUDITH DEARBORN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/99

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME DEARBORN, JUDITH

STREET ADDRESS 9635 EATON GARDENS LANE STE 101

CITY-ST-ZIP FORT MYERS FL 33919-8406

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 OWNER, PRESIDENT ☒ Change ☐ Addition

1.2 NAME JUDITH DEARBORN

1.3 STREET ADDRESS 1119 PERIWINKLE WAY #32

1.4 CITY-ST-ZIP SANIBEL, FL 33957

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE JUDITH DEARBORN

Signature and typed or printed name of signing officer or director

1/7/99

941 433 3799

Date

Daytime Phone #

CR2E034 (11/98)