

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90174 010 ***150.00

DOCUMENT # P96000092269

1. Corporation Name
PLANET PERFECT, INC.

Principal Place of Business
341 CYPRESS GARDENS BLVD
SUITE 106
WINTER HAVEN FL 33880-4452

Mailing Address
341 CYPRESS GARDENS BLVD
SUITE 106
WINTER HAVEN FL 33880-4452

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/01/1996

4. FEI Number
59-3407599
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

2. Principal Place of Business

2a. Mailing Address

21. 375 E. CENTRAL AVE
Suite, Apt. #, etc.

26. 375 E CENTRAL AVE
Suite, Apt. #, etc.

22. City & State
WINTER HAVEN, FL

27. City & State
WINTER HAVEN, FL

23. Zip Country
33880 USA

28. Zip Country
33880 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AARON, MARCIE MARCIE
341 CYPRESS GARDENS BLVD 375 E. CENTRAL AVE.
#106 WINTER HAVEN, FL
WINTER HAVEN FL 33880 33880

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME MARCIE, AARON
STREET ADDRESS 341 CYPRESS GARDENS BLVD, #106
CITY-ST-ZIP WINTER HAVEN FL

1.1 TITLE P
1.2 NAME MARCIE AARON
1.3 STREET ADDRESS 375 E. CENTRAL AVE.
1.4 CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99

941/293-1569

Date

Daytime Phone #

CR2E034 (1/98)

0432145