


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

FILED  
Jun 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. McRath Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>PA7000025005</b> 1. Corporation Name <b>Perfect Selections Inc.</b>			
Principal Place of Business <b>202 F-3 Fortail Drive WPB, FL 33415</b>		Mailing Address <b>the same</b>	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>65-0730043</b>	
22 City & State	27 <b>202 F-3</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip	28 <b>WPB FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Country	29 <b>33415</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>TERRI R DUSCH 202 F-3 Fortail Drive WPB FL 33415</b>		10. Name and Address of New Registered Agent	
11. Pursuant to the provisions of Sections 607.0102 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 607.0105, Florida Statutes.		81 Name	
SIGNATURE <b>TERRI R DUSCH</b>		82 Street Address (P.O. Box Number is Not Acceptable)	
Signature typed or printed name of registered agent (if applicable)		83	
(NOTE: Registered Agent signature required when re-registering)		84 City	
DATE		85 Zip Code <b>FL</b>	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>Treasurer D-S</b>	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	11 TITLE <b>President</b>	
NAME <b>Jeff Dusch</b>	12 NAME	12 NAME <b>TERRI R. DUSCH</b>	
STREET ADDRESS <b>104 E-2 Halfmoon Bay</b>	13 STREET ADDRESS	13 STREET ADDRESS <b>202 Fortail Drive</b>	
CITY-ST-ZIP <b>Fortana, FL 33462</b>	14 CITY-ST-ZIP	14 CITY-ST-ZIP <b>WPB 33415</b>	
TITLE <input type="checkbox"/> DELETE	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	21 TITLE	
NAME	22 NAME	22 NAME	
STREET ADDRESS	23 STREET ADDRESS	23 STREET ADDRESS	
CITY-ST-ZIP	24 CITY-ST-ZIP	24 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	31 TITLE	
NAME	32 NAME	32 NAME	
STREET ADDRESS	33 STREET ADDRESS	33 STREET ADDRESS	
CITY-ST-ZIP	34 CITY-ST-ZIP	34 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	41 TITLE	
NAME	42 NAME	42 NAME	
STREET ADDRESS	43 STREET ADDRESS	43 STREET ADDRESS	
CITY-ST-ZIP	44 CITY-ST-ZIP	44 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	51 TITLE	
NAME	52 NAME	52 NAME	
STREET ADDRESS	53 STREET ADDRESS	53 STREET ADDRESS	
CITY-ST-ZIP	54 CITY-ST-ZIP	54 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	61 TITLE	
NAME	62 NAME	62 NAME	
STREET ADDRESS	63 STREET ADDRESS	63 STREET ADDRESS	
CITY-ST-ZIP	64 CITY-ST-ZIP	64 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.		7000002572007 -06/25/98-01023-006 ***150.00	
SIGNATURE: <b>TERRI R DUSCH</b>		(561) 946-3634	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: _____ Day(s): _____	

CR2E034 (10/97)