

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

FILED

May 01 1998 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P97000074062 (5)

1. Corporation Name  
THE PERFECT FIT, INC.

Principal Place of Business  
3111 SW 14TH COURT  
POMPANO BEACH FL 33069

Mailing Address  
3111 SW 14TH COURT  
POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
08/25/1997

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 820 NW 57 Court             | 26 820 N.W. 57 Ct.     |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc.    |
| 22                             | 27                     |
| City & State                   | City & State           |
| 23 Ft. LAUDERDALE, FL.         | 28 Ft. LAUDERDALE, FL. |
| Zip                            | Zip                    |
| 24 33309                       | 29 33309               |
| Country                        | Country                |
| 25 USA                         | 30 USA                 |

4. FEI Number  
65-0779632

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

9. Name and Address of Current Registered Agent

DIMARCO, JAMES  
3111 SW 14TH COURT  
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83 820 NW 57 Ct                                       |             |
| 84 City Ft. LAUDERDALE FL                             | 33309       |

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: *James D. Dimarco*  
Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-5-98

| 12. OFFICERS AND DIRECTORS |                        |
|----------------------------|------------------------|
| TITLE                      | D                      |
| NAME                       | DIMARCO, JAMES         |
| STREET ADDRESS             | 3111 SW 14TH COURT     |
| CITY - ST - ZIP            | POMPANO BEACH FL 33069 |
| TITLE                      |                        |
| NAME                       |                        |
| STREET ADDRESS             |                        |
| CITY - ST - ZIP            |                        |
| TITLE                      |                        |
| NAME                       |                        |
| STREET ADDRESS             |                        |
| CITY - ST - ZIP            |                        |
| TITLE                      |                        |
| NAME                       |                        |
| STREET ADDRESS             |                        |
| CITY - ST - ZIP            |                        |
| TITLE                      |                        |
| NAME                       |                        |
| STREET ADDRESS             |                        |
| CITY - ST - ZIP            |                        |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                     |
|---|---------------------|
| 1.1 TITLE   | D                   |
| 1.2 NAME  | Dimarco, James      |
| 1.3 STREET ADDRESS                                    | 820 NW 57 Ct        |
| 1.4 CITY - ST - ZIP                                   | Ft. LAUD, FL, 33309 |
| 2.1 TITLE   |                     |
| 2.2 NAME  |                     |
| 2.3 STREET ADDRESS                                    |                     |
| 2.4 CITY - ST - ZIP                                   |                     |
| 3.1 TITLE   |                     |
| 3.2 NAME  |                     |
| 3.3 STREET ADDRESS                                    |                     |
| 3.4 CITY - ST - ZIP                                   |                     |
| 4.1 TITLE   |                     |
| 4.2 NAME  |                     |
| 4.3 STREET ADDRESS                                    |                     |
| 4.4 CITY - ST - ZIP                                   |                     |
| 5.1 TITLE   |                     |
| 5.2 NAME  |                     |
| 5.3 STREET ADDRESS                                    |                     |
| 5.4 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 in an attachment with an address.

SIGNATURE: *James D. Dimarco*

4-5-98

CR2E034 (10/97)