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

PROFIT CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P980000556940 I. PERFECT PAST, INC. Mailing Address Principal Place of Business 620 SOUTH FEDERAL HIGHWAY DEERFIELD BEACH FLORIDA 3. Dat 33441 4. FEI 2. Principal Place of Business 2a. Mailing Address 65 26 21 Suite, Apt. #. etc Suite, Apt. #, etc. Cer 22 City & State 6. Ele City & State Trus 23 7in Country 8. This 25 29 24 10. Na 9. Name and Address of Current Registered Agent KAN ELIZABETH RYGALA 62 8333 BUTTERFIELD LANE BOUA RATON, FL 33433 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation sull office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board agent. I am familiary th, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature The State of Florida agent and in the Application (INDIE Registered Agent signature required when remains) OFFICERS AND DIRECTORS 12. 13. . T DFLETE KESID PRESIDENT TITLE SHIRLEY ELIZABETH RYGALA 12 NAME NAME STREET ADDRESS 620 COUTH FEDERAL HIGHWAY

CITY-SI-2P CO'A RATON, FLORICA 2345

TITLE VICE-PRESIDENT

ELIZABETH RUGALA

STREET ADDRESS 620 CUTH FEDERAL HIGHWAY 1 3 STREET ADDRESS 620 BOCA RA 1 4 CITY - ST - ZIP VICE- PR 2.1 TITLE SHIRLEY 22 NAME 620 69 2 3 STREET ADDRESS LOCA RATON, FLORIDA 304 2 4 CITY ST - ZIP DELETE 3 1 7071.6 TITLE -3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY - ST - ZIP DELETE 4 1 TITLE TITLE 4 2 NAME SHIRLE NAME 620 SOL 4 3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY-ST-ZIP ☐ DELETE 5 I TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE R 1 TITLE TITLE 6.2 NAME 6 3 STREET ADDRESS 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 11 indicated on this annual report or supplemental annual report is true and accurate and that my signature shall har officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Ch Block 12 or Block 13 if changed, or on an attachment with an address.

FILED

May 10, 1999 8:00 an Secretary of State 05-10-1999 90253 015 ***150.00		
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DO NOT WRITE IN THIS SPACE e Incorporated or Qualified]	=
Number Applied For Not Applied For Not Applicable #### Stitus Desired #### Stitus Desired ##### Stitus Desired ####################################		=:
s corporation owes or has paid the current year Intangible sonal Property Tax due June 30 Yes No me and Address of New Registered Agent DALL AUSTIN Any, Number is Not Appendable)		
IDN FL 85 Zip Code TDN FL 85 Zip Code TDN statement for the purpose of changing its registered		
of directors. I hereby accept the appointment as registered CALA	(76/0	A . wast of every
ENT Change Addition FOOTE DUTH FEDERAL HIGHWAY FTON: FLORIDA 33438 RESIDENT Change Addition	CR2E034 (10/97)	
FOOTE UTH FEOERAL HIGHWAY ATON FLORIDA 33433 ARV Change Addition		
FEOTE JTH-FEDERAL HIGHWAY TON: FLORIDA 38433 RER DADDION		-
FOOTE ITH FEDERAL HIGHWAY PATON, FURIOR 33,433 Change [] Addition		
☐ Change ☐ Addition		
19.07(3)(i). Florida Statutes. Hurther certify that the information we the same legal effect as if made under oath, that I am an paper 607. Florida Statutes, and that my hame appears in		:
1,129 100	<u> </u>	