


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

0032702

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90141 003 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P98000091952

1. Corporation Name
PERFECT TEAM, INC.



Principal Place of Business 2642 ROSSELLE STREET JACKSONVILLE FL 32204	Mailing Address 2642 ROSSELLE STREET JACKSONVILLE FL 32204
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5921-100 W Beaver St Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. BOX 440379 Suite, Apt. #, etc.
22 City & State 23 Jacksonville, FL Zip Country 24 32254 25 Duval	27 City & State 28 Jacksonville, FL Zip Country 29 32222 30 Duval

3. Date Incorporated or Qualified 10/22/1998	4. FEI Number 59-3550604	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

A. JEFFREY TOMASSETTI
 406 ASH STREET
 FERNANDINA BEACH FL 32034

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBBINS, JACQUELYN P	
STREET ADDRESS	2642 ROSSELLE STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBBINS, WILLIAM E	
STREET ADDRESS	2642 ROSSELLE STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBBINS, WILLIAM S	
STREET ADDRESS	2642 ROSSELLE STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5921-100 W. Beaver Street
1.4 CITY-ST-ZIP	Jacksonville, FL 32254
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	5921-100 W. Beaver Street
2.4 CITY-ST-ZIP	Jacksonville, FL 32254
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	5921-100 W. Beaver Street
3.4 CITY-ST-ZIP	Jacksonville, FL 32254
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jacquelyn P. Robbins* Jacquelyn P. Robbins 4/28/99 (904) 378-8150
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)