## 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** 

## DOCUMENT # **S43058** 1. Corporation Name

PERFECT MATCH, INC.

## **FILED** May 05, 1999 8:00 am Secretary of State

05-05-1999 90079 029 \*\*\*150.00



Principal Place of Business	Mailing Address			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
P.O. BOX 2651 P.O. BOX 2651						
STUART FL 34995	STUART FL 34995			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
				04/03/1991		
2. Drivers of President	2a. Mailing Address			4. FEI Number	Ant	olied For
<u>├─</u> ,				65-0287649	<b>⊢+</b>	Applicable
21   26     Suite Apt. # etc.   Suite Apt. #, etc.				05-0207049	\$8.75 A	
				5. Certifcate of Status Desired	Fee Re	L.
27 City & State City & State		<del></del>		6. Election Campaign Financing	\$5.00	
- ···, ·· · · · · · · · · · · · · · · ·				Trust Fund Contribution	Added to	
Zip Country	Zip Country			8. This corporation owes the current year		
L_		30		Personal Property Tax.		Stino
24 25 29 30 30 9. Name and Address of Current Registered Agent				10. Name and Address of New Registere		
3. Name and Address of Our	Telle Registered Agent		1 Name			
BURDETTE, WILLIAM						
612 STYPMANN BLVD STUART FL 34994		]-	Street Add	Iress (P.O. Box Number is Not Acceptable)		}
		 	13	C NE. COTSENDA		
STORIN I C 34334			"			
		Ī	14 City	Les Fancy F	85 Zip C	7-7
11. Pursuant to the provisions of Sections 607.0	502 and 607 1508. Florida Statute	es the ab	ve-named con	poration submits this statement for the purpose	of changing its	registered
office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obl	ite of Florida. Such change was at	utnonzea	by the corporat	ion's board of directors. I hereby accept the app	pointment as reg	gistered
SIGNATURE				ord when reinstating) DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re			gent signature requir	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
<del></del>	AND DIRECTORS	13.	- 1	ABBITIONS/CITANGES TO OFFICERO	Change	Addition
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NAME BURDETTE, WILLIAM			E	022 N.E. CONSENDA		
STREET ADDRESS 612 STYPMANN BLVD			EET ADDRESS	922 N.E. CONSENDA JENSON BEACH, FL	2494	79
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NAME ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	☐ DELETE	6.2 NAJ			Change	

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP