FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT # 1. Corporation Name

523839

(9)

MEREDITH'S BRIDAL SHOP, INC.

Principal Place of Business Mailing Address								(B)(B)(B)(\$ 8)([][[
	W HAVEN AVE NE FL 32901	780 W. NEW HAVEN AVE MELBOURNE FL 32901								
						Date Incorporated or Qualified 01/14/1977	3a. Da	te of Last F 04/11/1		
2. Principal Pl	lace of Business	2a. Mailing Address 26	~			4. FEI Number Applied For S9-1728465 Not Applied be				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	5. Certificate of Status Desired \$8.75 Additional			
City & State	0	City & State				6. Election Campaign Financing Trust Fund Contribution Fee Required \$5.00 May Be				
Zip	Country		Zip Country			Trust Fund Contribution 8. This corporation has liability for a			ed to Fees	
24	25 29 30			of the object that the start is			ntang.be t √ Mo	.ax under s	199.032,	
	nt Registered Agent		10. Name and Address of New Re				Agent			
					Name					
RYDER, DAVID				32	Stroot Addre	Address (P.O. Box Number is Not Acceptable)				
	. New haven ave Durne FL 32901			33	Silver Address (F. O. Dox Number is Not Acceptable)					
MECDO	JOHNE PE 32901						· • •	-		
				į.	City		FI	1	ip Code	
11. Pursuant t or register familiar wit	to the provisions of Sections 607.050 ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	2 and 607.1508, Florida Statu ida. Such change was authori, tion 607.0505, Florida Statute:	tes, the above red by the co s.	e-nai	med corpora alion's board	ation submits this statement for the pur d of directors. Thereby accept the appo	pose of ch pintment as	anging its r s registered	registered office diagent. I am	
SIGNATURE										
Signature, typed or prince name of registered against and site if againstable and 12. OFFICERS AND DIRECTORS				E. Rogistered Ag intis gnature regions			DATE			
TITLE		DU		13.		ADDITIONS/CHANGES TO OFFI				
NAME	RYDER, DAVID	Doction	1	1.2 NAME				☐ Change	Addition	
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CITY - ST - ZIP	MELBOURNE FL		14 CHY							
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CITY-ST-ZIP			5.3 STREE							
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STREET ADDRESS

CITY-ST-ZIP

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 3 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE

Daylor Profile

**Daylor Profile*

Daylor Profile

**Da

6.3 STREE ADDRESS

6.4 C/TY-ST-7/P