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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1/74660

1. Corporation		,	
LAUREN	JILLIAN, INC.		
Principal Place	e of Business	Mailing Address	
261 W. 22ND ST. HIALEAH FL 33010-1521		261 W. 22ND ST. HIALEAH FL 33010-	1521
•			•
2. Principal P	lace of Business	2a. Mailing Addres	s
Suite, Apt.	#, etc.	Suite, Apt. #, e	tc.
22 - City & Stat	e™ 1 1 20 - 20 - 20 - 2 2 1 2 2 1 2 2 1 2 2 1 2 2 2 2 2 2 2	City & State	
Zip	Country	28 Zip	Country
24	25	29	30
	Name and Address of Curre	nt Registered Agent	
ZIMN	MERMAN, SARAH		81 Name
I	MECT COME CTOEFT		82 Street Ad

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90054 037 ***150.00

	JILLIAN, INC.						
Principal Place	e of Business	Mailing Address			(1001011) 841 10011 81010 91140 01141 0011 S19-11		, 41411 41411 1447
261 W. 22ND S	ST.	261 W. 22ND ST.					
HIALEAH FL 33	3010-1521	HIALEAH FL 33010-15	21		OO NOT MEETS IN THE		
			•		DO NOT WRITE IN THI 3. Date Incorporated or Qualified	S SPACE	
					03/22/1989		
Division I D	Name of Disciples	2a. Mailing Address			4. FEI Number	- ΓΔ	Applied For
2. Principal Place of Business 2a. Mailing Address 2b 2c				59-2991248		lot Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.					Additional
22	, a.c.	27			5. Certificate of Status Desired		Required
- City & Stat	tema na un	City & State	. ~-		6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year In		_
24	25	29	30		Personal Property Tax.	Yes	₩ No
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	d Agent	
7)141	MEDMANI CADALI			81 Name			}
	Merman, Sarah West 22ND Street			82 Street Addi	ress (P.O. Box Number is Not Acceptable)		
	LEAH FL 33010						
FIAL	LEAR PL 33010	•		83			ļ
Į				84 City		85 Zip	Code
1				\ \	poration submits this statement for the purpose of directors. Leavely accept the and		
SIGNATURE							3
12.		ND DIRECTORS	13.	Agent signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		
TITLE	OFFICERS A		13.			ND DIRECT	
	OFFICERS AI PD- ZIMMERMAN, SARAH	ND DIRECTORS	13.	TLE			
TITLE	OFFICERS AND PD - ZIMMERMAN, SARAH 261 W. 22ND STREET	ND DIRECTORS	13. FE 1.1 TF 1.2 N	TLE			
TITLE NAME	PD - ZIMMERMAN, SARAH	ND DIRECTORS ☐ DELET	13. TE 1.1 TI 1.2 N/ 1.3 ST 1.4 CI	TLE AME TREET ADDRESS TY-ST-ZIP		Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD- ZIMMERMAN, SARAH 261 W. 22ND STREET HIALEAH FL	ND DIRECTORS ☐ DELET	13. TE 1.5 TT 1.2 NV 1.3 ST 1.4 CI TE 2.1 TT 2.2 NV 2.3 ST	TLE AME IREET ADDRESS TY-ST-ZIP TLE AME IREET ADDRESS		Change	Addition
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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: