Mar 01, 1999 8:00 am Secretary of State 03-01-1999 90175 047 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P94000093441

1. Corporation Name

OH MY GAUZE INC.

Principal Place	of Business	Ma	iling Address					\$ 10011001 HI	1911) 01011 1011		50100 IIII 610I	11 0120 1 3101 1001
% TROY MYERS	S JR	%	TROY MYERS JR							•		
2033 MAIN ST SUITE 600 2033 MAIN ST SUITE 600 SARASOTA FL 34237 SARASOTA FL 34237							DO ALOT IMPLIES IN TURO CRACE					
							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
								12/28/1994	ted or Quali	eu		
2. Principal Pl	ace of Business	2a.	Mailing Address				4	1. FEI Number	,		⊢	pplied For
21		26						65-0556088	}			lot Applicable
Suite, Apt.	t. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired				~ . □. سد ا		Additional Required
22		27										
City & State	9		City & State				6	5. Election Campa	•	ng 🗀	•	May Be to Fees
23		28	7:-		Country.			Trust Fund Cor				TO Fees
Zip ──	Country		Zíp Γ	$\overline{}$	Country		8	This corporation Personal Properties		current year int	angible ☐ Yes	□No
24	9. Name and Address of Current	29 Boois		30				0. Name and Add		w Registered		
	9. Name and Address or Current	Regis	tereu Agent		81	Name		v. Hame and Ad	<u> </u>			
MYE	rs. Troy H Jr											
2033	MAIN ST SUITE 600				82	Street	l Address ((P.O. Box Numbe	r is Not Acc	eptable)		ļ
SARA	ASOTA FL 34237				83							
							<u> </u>				· · · · · · · · · · · · · · · · · · ·	
					84	City				FL	85 Zip	Code
11 Pursuant	to the provisions of Sections 607.0502	and 6	07.1508, Florida Statute	s, th	e above	-named	corporation	ion submits this st	atement for	the purpose of	changing it	s registered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	i Florid	la. Such change was au	ıthorı	zed by	the corp	ooration's l	board of directors	. I hereby ac	cept the appoi	ntment as r	registered
=	m ramiliar with, and accept the obligation	,וט פוונ	. Section 607.0505, Flor	iua 3	natutos							Į.
SIGNATURE	Signature, typed or printed name of registered agent	and title	if applicable. (NOTE;	Regist	ered Agen	t signature	required when	n reinstating)		DATE		
12.	OFFICERS AND			1	13.			ADDITIONS/CH		OFFICERS AN		
TITLE	DPS		DELETE	1.	1 TITLE			Ident - C			Change	Addition
NAME	MOONEY, JOY				1.2 NAME //1			DNEY, JO	9 Y	t- DR		ţ
STREET ADDRESS	AT ALRUPA OF THE PRECIDENTS				1.3 STREET ADDRESS 2/			3-F PORT	בוצ בו			
CITY-ST-ZIP	1 1.1.111. 1.				1.4 CITY-ST-ZIP			KASOTR	Pt.	3424	<u> </u>	
TITLE	VICE President		DELETE	2.	.1 TITLE						☐ Change	Addition
NAME				2	2 NAME			•				
STREET ADDRESS	MOONEY, KEN 2123-F PORTIN LOK SARAS-TO PO		n e	2	.3 STREET	ADDRESS	s					
CITY-ST-ZIP	SARAS-TA F	3 Y	240	2	. 4 CITY-S	T- ZIP	<u> </u>		<u> </u>		<u>,—</u>	
TITLE	Stretary		☐ DELETE	3	.1 TITLE						Change	Addition
NAME	MOONEY, Allison			3	.2 NAME		1					j
STREET ADDRESS	2122 G PORTER LAK	: D	K .	3	3 STREET	ADDRESS	3					ļ
CITY-ST-ZIP	2123-F- PORTER LAK SHRASOFA C/	3 y :	LY 0	3	.4. CITY-S	T-ZIP						
TITLE	treasurer		☐ DELETE	4	.1 TITLE						☐ Change	Addition
NAME	MOONEY , KENDER	ļ.		4	. 2 NAME							ļ
STREET ADDRESS	2123-6 PORTER LA	/c <u>C</u>	OR	4	.3 STREET	ADDRESS	s					
CITY-ST-ZIP	MOONEY , KENDRE 2123-F POTTER LA SATASOTA FL	34	24 0	4	.4 CITY-S	T-ZIP						
TITLE			☐ DELETE	5	.1 TITLE						☐ Change	Addition
NAME				5	.2 NAME							
STREET ADDRESS				5	.3 STREE	ADDRESS	3					,

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, own an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

□ DELETE

Change

Addition