

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

**FILED**  
**May 26 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT **1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Moetham**, Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000009681 (3)**  
 1. Corporation Name  
**JUST YOUR STYLE, INC.**



Principal Place of Business: **5644 BAYSIDE DRIVE ORLANDO FL 32819**  
 Mailing Address: **5644 BAYSIDE DRIVE ORLANDO FL 32819**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-23) and Mailing Address (24-26) details including Suite, Apt. #, City & State, Zip, and Country.

3. Date Incorporated or Qualified: **01/26/1996**  
 4. FEI Number: **59-3442552** (Applied For)  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30:  Yes  No

9. Name and Address of Current Registered Agent  
**HUTTON, JOAN C**  
**5644 BAYSIDE DRIVE**  
**ORLANDO FL 32819**

10. Name and Address of New Registered Agent (81-85)  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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: *Joan C. Hutton* 4/25/98 **JOAN C. HUTTON, PRESIDENT** DATE

12. OFFICERS AND DIRECTORS

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          | <b>P</b>                   | <input type="checkbox"/> DELETE            |
| NAME           | <b>HUTTON, JOAN</b>        |  |
| STREET ADDRESS | <b>5644 BAY SIDE DRIVE</b> |  |
| CITY-ST-ZIP    | <b>ORLANDO FL 32819</b>    |  |
| TITLE          | <b>VP</b>                  | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>MOORE, TRICIA S</b>     |  |
| STREET ADDRESS | <b>8448 EDGEWORTH DR</b>   |  |
| CITY-ST-ZIP    | <b>ORLANDO FL 32819</b>    |  |
| TITLE          | <b>T</b>                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>BARNES, KIM</b>         |  |
| STREET ADDRESS | <b>8314 FOXSHIRE CT</b>    |  |
| CITY-ST-ZIP    | <b>ORLANDO FL 32819</b>    |  |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 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.

SIGNATURE: *Joan C. Hutton* 4/25/98 (117) 876-5860

CR2E034 (10/97)