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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000048599 (3)

A & M HOUSE OF FASHION, INC.

Principal Place of Business

Mailing Address

8504 WILDFLOWER DR

3504 WILDFLOWER DR CORAL SPRINGS FL 33065-8008

## **FILED** May 28 1997 8:00am Secretary of State



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Trust Fund Contribution   Added to Rev	11	h at		·		65-0422400		lot Applicable
28	Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired		
28		le	City & State			6. Election Campaign Financing	\$5.00	May Be
28	23		28			Trust Fund Contribution	☐ Added	to Fees
LERMAN, ALFRED P 3504 WILDFLOWER DR CORAL SPRINGS FL 33065  81   Street Address (P.O. Box Number is Not Acceptable)  82   Street Address (P.O. Box Number is Not Acceptable)  83   City	ZID .	<u>├</u>	} <b>1</b>	}1	ty	· · · · · · · · · · · · · · · · · · ·		s. 199.032,
LERMAN, ALFRED P 3504 WILDFLOWER DR CORAL SPRINGS FL 33065  82 Street Address (P.O. Box Number is Not Acceptable)  83 City  84 City  FL  85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its region 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 regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statules.  SIGNATURE  Signature, speed or printed name of registered agent and life of applicable  NAME  LERMAN, ALFRED P  DELETE  11 ITILE  P  DELETE  12 ITILE  ST  DELETE  14 CITY-ST-ZIP  TITLE  ST  DELETE  30 TITLE  ST  DELETE  31 TITLE  ST  DELETE  31 TITLE  ST  DELETE  32 NAME  LERMAN, TILDE A  320 NAME  AND CITY-ST-ZIP  TITLE  DELETE  31 TITLE  CORAL SPRINGS FL  CORAL				1301				
3504 WIDFLOWER DR CORAL SPRINGS FL 33065  82 Street Address (P.O. Box Number is Not Acceptable)  83 City  FL 85 Zip Code  111. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its region 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 regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statules.  SIGNATURE    Signature, types or primed name of registered agent and life if applicable   INDTE. Registered Agent agreature required when renations)   DATE	1021			8	1 Name			
CORAL SPRINGS FL 33065  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 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 regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 IIII.  LERMAN, ALFRED P  12. DELETE  11. III.E  STATE DELETE  12. DELETE  12. NAME  STREET ADDRESS  CITY-ST-ZIP  CORAL SPRINGS FL  14. CITY-ST-ZIP  TITLE  ST. DELETE  14. CITY-ST-ZIP  TITLE  ST. DELETE  15. TITLE  ST. DELETE  16. Change  17. Change  18. Change  18. City-ST-ZIP  TITLE  18. Change  19. Change  10. Change  10. Change  10. Change  10. Change  10. Change  10. Change  11. TITLE  11. Change  11. Change  12. Change  13. STREET ADDRESS  CITY-ST-ZIP  TITLE  15. CORAL SPRINGS FL  16. Change  17. Change  18. City-ST-ZIP  TITLE  18. TITLE  18. City-ST-ZIP  TITLE  TITLE  18. City-ST-ZIP  TITLE  TITLE				_				
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## Pursuant to the provisions of Soctions 607.0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its regist 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 regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.    Signature   Signature   Nyped or printed name of registered agent and little if applicable   (INDTE: Requisited Agent signature required when reinstating)   DATE	:			1			,	
-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 registagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, vpeed or printed name of registered agent and life if applicable   INDIE: Registered Agent signature required when reinstating)   DATE				8	4 City		<b>85</b> Zip	Code
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 regist agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.    SIGNATURE								<del> </del>
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature. typed or printed name of registered agent and itle if applicable (NOTE: Registered Agent signature required when reinstating) DATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE CHANGE 11 THE CHANGE 12 NAME  LERMAN, ALFRED P 12 NAME  STREET ADDRESS 3504 WILDFLOWER DR 1.3 STREET ADDRESS CITY-ST-2IP  TITLE ST DELETE 2.1 THE CHANGE STREET ADDRESS CITY-ST-2IP  TITLE ST DELETE 3.1 THE CHANGE STREET ADDRESS CITY-ST-2IP  TITLE STADRESS 3504 WILDFLOWER DR 2.3 STREET ADDRESS CITY-ST-2IP  TITLE STADRESS 3504 WILDFLOWER DR 2.3 STREET ADDRESS CITY-ST-2IP  TITLE STADRESS STREET ADDRESS STREET	office or re	registered agent, or both, in the State	e of Florida. Such change was a	authorized l	by the corr	corporation submits this statement for the population's board of directors. I hereby accept	ourpose of changing of the appointment a	ns registerea s reaistered
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CITY-ST-ZIP  14. I do hereby certify that the information surplied with this liting does not qualify for the emption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the	CITY-ST-ZIP	by cartify that the interesting of the	this line does not aval	6.4 C		totod in Socion 110 07/2)(1) Florido Statuta	a I further could, the	Libo
information indicated on this annual report of a property annual report is true and indicated and that my signature shall have the same legal effect as if made under or	informatio	on indicated on this annual report of	upplement i annual report is t	rue and	:urate and	I that my signature shall have the same legs	l effect as if made u	nder oath; tha
I am an officer or director of the collapsific for the collapsific required by Chapter 607, Florida Statutes; and that my name		efficiency as discostor of the feedback discutts.	r Ing teceion or trustee empoy	vered to	oute this r	eport as required by Chapter 607. Florida S	tatutes, and that my	namo