

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

FILED  
Jun 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mertham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000011510 (9)**

1. Corporation Name

**ADORNMENTS, INCORPORATED**

Principal Place of Business

Mailing Address

**POST OFFICE BOX 1200  
LAKE PLACID FL 33862**

**POST OFFICE BOX 1200  
LAKE PLACID FL 33862**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/03/1997**

4. FEI Number

**65-0730864**

Applied For

Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

**21 22 North Main St.**

**26 P.O. Box 1610**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 City & State**

**27 City & State**

**23 Lake Placid, FL**

**28 Lake Placid, FL**

Zip Country

Zip Country

**24 33852**

**29 33862**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHN HAILE, P.A.  
119 US 27 SOUTH  
LAKE PLACID FL 33852**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE

NAME **HAILE, AUDREY L**  
STREET ADDRESS **POST OFFICE BOX 1200**  
CITY-ST-ZIP **LAKE PLACID FL 33862**

**P S D** ☒ Change ☐ Addition

NAME **Haile, Audrey L.**  
STREET ADDRESS **719 Lake Clay Drive South**  
CITY-ST-ZIP **Lake Placid, Florida 33852**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE ☐ Change ☐ Addition

12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

**300882557173**  
**-06/11/98--01089--048**  
**\*\*\*150.00**

**6.10**

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-

**Audrey L. Haile**

**4-29-98**

**(941)699-9100**

CR2E034 (10/97)