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PROFIT CORPORATION ANNUAL REPORT 1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 290052

(0)

Mailing Address

MARGARET'S DRESS SHOP, INC.

FILED
May 14 1997 8:00am
Secretary of State

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| Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional | JACKSONVILLE FL 32204-4267 | | | | JACKSONVILLE FL 32204-4267 | | | | | | | | |
|--|--------------------------------|--|---|--|--|---|---|----------------------------------|--|-------------------------|-------------------------|--------------------------------|------|
| 2. Manual process | | | | | | | | | 1 = ' | · · · | | | |
| Suite | 2. Principal Place of Business | | | 2 | 2a. Mailing Address | | | | | | | applied For | |
| Colly & State 27 | 21 | | | | | | | 59-1097251 | | N. | lot Applicable | ,] | |
| 20 | 22 | | | 27 | 27 | | | 5. Certificate of Status Desired | 1 1 7 1 1 | | | | |
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| 10, Name and Address of New Rogistared Agent 10, Name and Address of New Rogistared Agent 10 10 10 10 10 10 10 1 | - | 2 | — ₁ | 29 | n i | 3 | ∵າ ໌ | | · · · · · · · · · · · · · · · · · · · | | | s. 199.032, | |
| 1275 KING ST 1276 KING ST 1276 KING STREET. 1276 KING STREET, ADKSON/ILLE FL. 1276 KING STREET, ADKSON/ILLE FL. 1276 KING STREET. 12 | | | | | | 15 | <u> </u> | | | | | | |
| 11. Pursuant to the provisions of Scattlers 607 0.007 and 607 1.008. Floridal Statutes. The above-named corporation submits his statement for the purpose of changing its registered agent, or both, in the State of Livide Statutes, the above-named corporation submits his statement for the purpose of changing its registered agent and familiar with, and accept the originatives of scattered to the configuration of the composition | CLIF | F.MARGARE | TE | | | | 81 | Name | | | | | |
| JACKSONNILE FL 32204 Ba | | | | | | • | 82 | Street A | ddress (P.O. Box Number is Not Accordate | ule) | | | |
| 1. Pursuant to the provisions of Sections CO7.00.02 and GO7.10.08. Florida Statutes, the above named corporation submits this statement for the purpose of charging its registered agent. I am familiar with in add accorpt the originations of sections GO7.00.05. Florida Statutes, the chronorations board of directors. I hereby accept the appointment as registered agent. I am familiar with in accorpt the originations of section GO7.00.05. Florida Statutes. 12 | | | FL 32204 | | | | | 01100174 | odress (1.6 Flox Hamber is Not Accepting | | | | |
| The Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent, or both in the State of Horizon Such change was authorized by the corporation's board of directors. I hereby accept the apportunent as registered agent, or horizon and accept the displatines of Section 607.05.05. Florida Statutos. SIGNATURE Signature typed or percet horizon and will be a publicative manufactor appointment as registered agent. I am familiar with manufactor and accept the displation of Section 607.05.05. Florida Statutos. Signature typed or percet horizon and will be a publicative for the publi | | • | | | | | 83 | Į. | | | | | |
| SIGNATURE | | | | | | | 84 | City | | | 85 Zip | Code | 1 |
| SIGNATURE | 44 5 | | | | | | | l <u></u> _ | | <u>FL</u> | | | _ |
| Signature of registered age of most lattice of registeration of control of the | office or r agent. I a | no me provisio regi <mark>ster</mark> ed ago im f <mark>ami</mark> liar with | ons of Sections 60 int, or both, in the n, and accept the | น.บธิยะ and State of Flo obligations | o 607.1508. Fioric orida: Such chan of, Section 607. | ia Statutes ge was aut 0505, Florid | , the above Thorized by da Statule: | e-named o y the corpo s. | orporation submits this statement for the poration's board of directors. I hereby accept | urpose of of the app | changing pintment as | its registered s registered | |
| TITLE | SIGNATURE | Signature, typed o | r printed name of registe | end agent and I | litte d'applicable | (NO ⁷ E - F | n gistered Age | int signature re | equired when reinstating) | DATE | | · | |
| NAME CUFF,MARGARET E 12 MAME 13 SIREET ADDRESS 12 KING STREET 13 SIREET ADDRESS 14 CDTY-ST-2IP | 12. | | OFFICER | S AND DIE | | | 13. | | ADDITIONS/CHANGES TO OFFIC | ERS AND | DIREC10 | | ୍ର ଫ |
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| TITLE | | | | | | | | | | | | | |
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| | | by certify that | the information so | oplied with | n this filmo does r | ol qualify | E | | sted in Section 119 07(3)(i) Florida Statuto | s I further | certify the | it the | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statulos, I further certify that the information indicated on this annual report or supplicemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 Statulos; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURED AN MOREL & CLIVE

MADGAPET F CLIFE

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