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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 304653

RENEE'S HOUSE OF FASHIONS INC.

## **FILED** Feb 09, 1999 8:00am **Secretary of State**

02-09-1999 90024 028 \*\*\*150.00



Principal Pla	ce of Business	Mailing Address	<del></del>			I TOUTOU SULFI ORAIN BEDATE ONLINE BANK			ASSESSION SOUS
311 JOHN RIG SARASOTA FL US		311 JOHN RINGLING BLVE SARASOTA FL 34236 US	ARASOTA FL 34236		İ	DO NOT WRITE	E IN THIS	SPACE	
•		00			H	3. Date Incorporated or Qualifed	- 114 11110	OI ACL	
					1	04/29/1966			1
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		I A	oplied For
21		26				59-1119579			ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
22		27				J. Oblinicate of Status Desired	<u> </u>	Fee Ro	equired
City & Sta	ite	City & State				6. Election Campaign Financing		•	May Be
23   Zip	Country	Zip	Count			I rust Fund Contribution			to Fees
24	25	29	30	y		8. This corporation owes the current	•	ingible Yes	
2	9. Name and Address of Currer	1	30	<del></del>	- 1	Personal Property Tax.  0. Name and Address of New Re			□No
			8	1 Name	•	· Hamo disa ridardo di How ito	giotorea r	-goin	
	YER, MARY D			5 0: (4		(0.0.0			
	JOHN RINGLING BLVD.		8	2 Street A	Address	(P.O. Box Number is Not Acceptable	e)	•	
_ SAF	rasota fl 33577		8	3			4 (1) 12/14	milli (all	500 No. 80
			8	4 City				an Siel Alth	141.534.144
a seed of the						•	FL	1 1	Code
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1508, Florida Statute	es, the abo	ve-named c	orporati	ion submits this statement for the pu	rpose of o	hanging its	registered
agent. I a	am familiar with, and accept the obliga	tions of, Section 607.0505, Flor	rida Statute	y tne corpor s.	rations	board of directors. I hereby accept t	ine appoin	tment as re	gistered
SIGNATURE									
SIGNATURE									
	Signature, typed or printed name of registered ager		_	ent signature req	erfw beniup	n reinstating)	DATE	-	
12.	Signature, typed or printed name of registered age OFFICERS AN	ID DIRECTORS	13.	ent signature req	eriw beniup	ADDITIONS/CHANGES TO OFFIC			
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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, with all other like empowered.