FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 5:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **333579** **(1)**

1. Corporate Name
MARJIE'S FASHIONS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
45 SUNSHINE MALL CLEARWATER FL 34616	45 SUNSHINE MALL CLEARWATER FL 34616

3. Date Incorporated or Qualified: **08/09/1968**
3a. Date of Last Report: **03/29/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite Apt. # etc. (22):
Suite Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: **59-1220333** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LUCZAK, DAVID
2499 EAST BAY DRIVE
LARGO FL 33540

10. Name and Address of New Registered Agent

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 607.0501 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
11 TITLE	S	11 TITLE	☐ Change ☐ Addition
12 NAME	MILLER, REUBEN	12 NAME	
13 STREET ADDRESS	45 SUNSHINE MALL	13 STREET ADDRESS	
14 CITY ST ZIP	CLEARWATER FL	14 CITY ST ZIP	
21 TITLE	D	21 TITLE	☐ Change ☐ Addition
22 NAME	MILLER, REUBEN	22 NAME	
23 STREET ADDRESS	45 SUNSHINE MALL	23 STREET ADDRESS	
24 CITY ST ZIP	CLEARWATER FL	24 CITY ST ZIP	
31 TITLE	PD	31 TITLE	☐ Change ☐ Addition
32 NAME	MILLER, REUBEN	32 NAME	
33 STREET ADDRESS	45 SUNSHINE MALL	33 STREET ADDRESS	
34 CITY ST ZIP	CLEARWATER FL	34 CITY ST ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. To the best of my knowledge, I certify that the information supplied with this filing is accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further, I 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 1 or Block 12 if changed, or on an attachment with an address.

SIGNATURE: x Marjorie McElveen for Reuben Miller 4-24-95 813-446-3266
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
MARJORIE McELVEEN

0480070 FP