PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## 1999 DOCUMENT # 523839 1. Corporation Name

MEREDITH'S BRIDAL SHOP, INC.

## FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90133 003 \*\*\*150.00



Principal Place of Business Mailing Address							<b>,,,</b> ,,,,,		
780 W. NEW H	AVEN AVE	780 W. NEW HAVEN AVE	780 W. NEW HAVEN AVE						
MELBOURNE FI	L 32901	MELBOURNE FL 32901				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed	JEAGE		1
						\ '			1
2 Principal D	lace of Business	2a. Mailing Address				01/14/1977 4. FEI Number	$-\tau$	Applied For	1
<u> </u>	ace of business	<b>⊢</b>				59-1728465	-	Not Applicable	-
21 Suito Ant	# ato	Suite Ant # etc	Suite, Apt. #, etc.			39-1728403		Additional	1
Suite, Apt. #, etc.			<u> </u>			5. Certificate of Status Desired		Required	-
City & State			City & State			6. Election Campaign Financing		O May Be	7
23		28				Trust Fund Contribution		d to Fees	
Zip	Country		Zip Country			This corporation owes the current year Inta			1
24	25	<b>⊢</b>	30	,		Personal Property Tax.	Yes	1 <b>5</b> 640	
<u> </u>	9. Name and Address of Currer			Γ		10. Name and Address of New Registered	lgent	· · · · · · · · · · · · · · · · · · ·	1
or italito pria realista de salistit registo.					Name				]
RYD	er, david				<u> </u>				-
	W. NEW HAVEN AVE		82 Street			ss (P.O. Box Number is Not Acceptable)			
MELI	BOURNE FL 32901			83			_	444	7
									_
				84	City	FL	85 Zi	p 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.									Ì
SIGNATURE	Signature, typed or printed name of registered age	when reinstating) DATE			່ ໔				
12.	OFFICERS AN	AND DIRECTORS 13				ADDITIONS/CHANGES TO OFFICERS AN			11/98
TITLE	PV	☐ DELETE	1.1 TITLE				Chang	e	1
NAME	ryder, david		1.2 NAME						F034
STREET ADDRESS	780 W. NEW HAVEN AVE		1.3 STREE		ADDRESS				ŭ
CITY-ST-ZIP	MELBOURNE FL		1.4 CI	TY-ST-	ZIP				ļ ķ
TITLE	ST	☐ DELETE	2.1 TITLE				☐ Chang	e	1
NAME	ryder, Meredith		2.2 NAME						
STREET ADDRESS	780 W. NEW HAVEN AVE		2.3 STREE		DORESS				
CITY-ST-ZIP-	=MELBOURNE-FL		2.4 CITY-1		ZIP ===				<u> </u>
TITLE		DELETE 3.1 π		TLE			Chang	e	
NAME			3.2 NAME						
STREET ADDRESS		· 3.3 S		REET A	NODRESS				
CITY+ST-ZIP		- 3.4.		ITY-ST-	ZIP				_
TITLE	☐ DELETE 4.1 TI		īLΕ			Chang	e		
NAME .			4. 2 N	AME					
STREET ADDRESS			4.3 ST	REET A	ADDRESS				
CITY-ST-ZIP			4.4 CITY-5		ZIP				1
TITLE		☐ DELETE	5.1 TITLE				Chang	e	-
NAME			5.2 NAME						
STREET ADDRESS			5.3 ST	REETA	ADDRESS				
CITY-ST-ZIP			5.4 CI	TY-ST-	Z!P				
TITLE		☐ DELETE	6.1 TITLE				Chang	e Addition	
NAME			6.2 NA	ME					-
STREET ADORESS			6.3 ST	REET A	NDDRESS				
CITY-ST-ZIP			6.4 CF	TY-ST-	ZIP				
					<del>-</del>			- 1-2	_

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.

SIGNATURE:

ATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RYDER

3-15-99

407 · 724-242

Daytime Phone #