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 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 545110 (9)

1. Corporation Name
KRAZIES KUSTOM EMPORIUM, INC.

Principal Place of Business
9804 SPANISH ISLES DRIVE
BOCA RATON FL 33496-1630

Mailing Address
9804 SPANISH ISLES DRIVE
BOCA RATON FL 33496-1630

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/13/1977
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-1764029 ☐ 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

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

9. Name and Address of Current Registered Agent

CULLON, ROBERT E
9804 SPANISH ISLES DRIVE
BOCA RATON, FLORIDA
33433

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 607.0502 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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	☐ Change ☐ Addition
NAME	CULLOM, JEWELL A	1.2 NAME	
STREET ADDRESS	3570 S OCEAN BLVD	1.3 STREET ADDRESS	
CITY ST ZIP	PALM BCH, FL 00000	1.4 CITY ST ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	CULLOM, ROBERT E	2.2 NAME	
STREET ADDRESS	9804 SPANISH ISLES DR	2.3 STREET ADDRESS	
CITY ST ZIP	BOCA RATON, FL 00000	2.4 CITY ST ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	CULLOM, MARTHA I	3.2 NAME	
STREET ADDRESS	9804 SPANISH ISLES DR	3.3 STREET ADDRESS	
CITY ST ZIP	BOCA RATON, FL 00000	3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Martha Cullom Martha I. Cullom 5/1/95 407-243-9666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0280616 CP

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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
... 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **546956** **(4)**

1. Corporation Name
LE-GALS, INCORPORATED

Principal Place of Business
10191 W SAMPLE ROAD
STE 211-A
CORAL SPRINGS FL 33065
US

Mailing Address
10191 W SAMPLE RD
STE 211-A
CORAL SPRINGS FL 33065
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/24/1977**
3a. Date of Last Report: **04/19/1994**
4. FEI Number: **59-1758686** [ ] 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

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

9. Name and Address of Current Registered Agent

SEIGLER, LISA
9178 N.W. 50TH COURT
CORAL SPRINGS FL 33067

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 607.0502 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

12. OFFICERS AND DIRECTORS

Field	
TITLE	PD
NAME	SEIGLER, LISA
STREET ADDRESS	9178 N.W. 50TH COURT
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	ST
NAME	SEIGLER, JAMES M
STREET ADDRESS	9178 N.W. 50TH COURT
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition (×6)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07, 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: Lisa Seigler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LISA SEIGLER

5/1/95 305/752-0440

0109017 CP