

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:00

DOCUMENT # 576693 (6)
1. Corporation Name
SASHA DOLLS, INC.

Principal Place of Business: % WILLIAM D. JOHNSON, 1907 CALUMET ST., CLEARWATER FL 34625-1108
Mailing Address: % WILLIAM D. JOHNSON, 1907 CALUMET ST., CLEARWATER FL 34625-1108

DO NOT WRITE IN THIS SPACE.

| | | | | | | | |
|---|---------|---------------------|---------|--|--|--------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 3a. Date of Last Report | |
| 21 | | 26 | | 06/22/1978 | | 03/15/1994 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | | Applied For | |
| 22 | | 27 | | 59-1859580 | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | |
| 23 | | 28 | | <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Zip | Country | Zip | Country | 6. Election Campaign Financing Trust Fund Contribution | | | |
| 24 | 25 | 29 | 30 | <input type="checkbox"/> | | | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |

JOHNSON, WILLIAM D.
1907 CALUMET ST.
CLEARWATER FL 34625

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83 | |
| 84 City | |

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: *Bill D Johnson* DATE: 1/9/95

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------|---|---|
| TITLE | VSD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOHNSON, BILL D. | 1.2 NAME | |
| STREET ADDRESS | 1907 CALUMET ST. | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | CLEARWATER FL | 1.4 CITY - ST - ZIP | |
| TITLE | PD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOHNSON, DAVID J. | 2.2 NAME | |
| STREET ADDRESS | 1907 CALUMET STREET | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | CLEARWATER FL | 2.4 CITY - ST - ZIP | |
| TITLE | TD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOHNSON, CECELIA | 3.2 NAME | |
| STREET ADDRESS | 1907 CALUMET STREET | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | CLEARWATER FL | 3.4 CITY - ST - ZIP | |
| TITLE | VD | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOHNSON, MARYLOU. | 4.2 NAME | |
| STREET ADDRESS | 1907 CALUMET ST. | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | CLEARWATER FL | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 incorporator 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: *Bill D Johnson* DATE: 1/9/95