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TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 607913

(1)

1. Corporation Name

V & C FASHIONS, INC.

Principal Office Address

4921 OLEANDER AVE
FT PIERCE FL 34982
US

Mailing Address

4921 OLEANDER AVE
FT PIERCE FL 34982
US

(PLEASE WRITE IN THIS SPACE)

3. Date incorporated or organized

01/25/1979

3a. Date of last report

05/01/1994

2. Principal Office Address

2a. Mailing Address

21. 877 NE Jensen Blvd

26. 877 NE Jensen Blvd

4. FEE NUMBER

59-1877426

Amount for
last Application

22. State Address

27. State Address

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23. Jensen Beach FL

28. Jensen Beach FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24. 34957

25. USA

29. 34957

30. USA

8. This corporation has submitted, for information the notice of 1994
Florida Statutes

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCOTT, W.R.
700 COLORADO AVE
STUART FL 33494

81. Name

82. Street Address, P.O. Box Number or Not Accepted

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.002 and 607.1504, 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 this appointment as registered agent. I am a member who has accepted the obligation under Section 607.002, Florida Statutes.

SIGNATURE

Charles Grunbaum

12. OFFICERS, AND DIRECTORS

1. NAME	P
2. STREET ADDRESS	GRUNBAUM, CHARLES
3. CITY, STATE, ZIP	761 N E BAYBERRY CT JENSEN BCH, FL 00000
4. NAME	S
5. STREET ADDRESS	GRUNBAUM, VIVIAN
6. CITY, STATE, ZIP	761 N E BAYBERRY CT JENSEN BCH, FL 00000
7. NAME	
8. STREET ADDRESS	
9. CITY, STATE, ZIP	
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. NAME	
14. STREET ADDRESS	
15. CITY, STATE, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY

1. NAME		☐ Change ☐ Addition
2. STREET ADDRESS		
3. CITY, STATE, ZIP		
4. NAME		☐ Change ☐ Addition
5. STREET ADDRESS		
6. CITY, STATE, ZIP		
7. NAME		☐ Change ☐ Addition
8. STREET ADDRESS		
9. CITY, STATE, ZIP		
10. NAME		☐ Change ☐ Addition
11. STREET ADDRESS		
12. CITY, STATE, ZIP		
13. NAME		☐ Change ☐ Addition
14. STREET ADDRESS		
15. CITY, STATE, ZIP		

14. I, the undersigned, certify that the information supplied with this report is substantially true and correct, and that the information stated is true and correct, for the corporation stated in law book 134102, Florida Statutes. I further certify that the information furnished as the above agent or supplemental agent report is true and correct, 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 member or member of the corporation for which this report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or Block 14 or Block 15 or in the attachment with an address.

SIGNATURE:

Charles Grunbaum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles Grunbaum Pres

401-334-8133

4/25/95