FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90060 045 ***150.00

Corporation	MENT # 611295				_		
TILLY'S	YELLOW STRAWBERRY, IN	IC.					
Dain nin at Digge	of Business	Mailing Address					
Principal Place		3718 N ROOSEVELT BLVD					
3718 N ROOSEVELT BLVD 3718 N ROOSEVELT BLVD KEY WEST FL 33040 KEY WEST FL 33040							
US	.0	US			DO NOT WRITE	IN THIS SPACE	
					3. Date Incorporated or Qualifed		
				_	02/27/1979 4. FEI Number		Applied For
_ `	lace of Business	2a. Mailing Address			59-1905922		Applied For Not Applicable
Suite, Apt.	# ata	Suite, Apt. #, etc.	-			_ \$8.7	5 Additional
22	#, 6 10.	27			5. Certificate of Status Desired		Required
City & State	e ·	City & State			6. Election Campaign Financing	\$5.0	0 May Be
23		28			Trust Fund Contribution		d to Fees
Zip	Country	Zip	Country		8. This corporation owes the current		_
24	25	29	30	_	Personal Property Tax.	Yes	□No
	9. Name and Address of Currer	nt Registered Agent	- 04 4		10. Name and Address of New Rec	gistered Agent	
I ADI	7 MATHENA A		81 1	Name	,		
LARIZ, MATILDA A. 3718 N ROOSEVELT BLVD			82	Street Addr	ess (P.O. Box Number is Not Acceptable	e)	
KEY WEST FL 33040			83				
, NE	11201 12 00040		65		·		
			84 (City		FL 85 Z	p Code
44 Pursuant	to the provisions of Sections 607 050	02 and 607 1508 Florida Statute	s the above-n	named corn	oration submits this statement for the pu	rnose of changing	its registered
office or n	egistered agent, or both, in the State	of Florida. Such change was au	utnorized by the	e corporation	on's board of directors. I hereby accept t	the appointment as	registered
_	m familiar with, and accept the obliga	ations of, Section 607.0505, Flor	ida Statutes.				
SIGNATURE	m familiar with, and accept the obligation of registered age.	ations of, Section 607.0505, Flor	ida Statutes. Registered Agent si		d when reinstating)	DATE	
SIGNATURE	Signature, typed or printed name of registered age	ations of, Section 607.0505, Flor ant and title if applicable. (NOTE: ND DIRECTORS	ida Statutes.			DATE CERS AND DIREC	TORS IN 12
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AND	artions of, Section 607.0505, Florent and title if applicable. (NOTE:	Registered Agent si		d when reinstating)	DATE	TORS IN 12
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CITY-ST-ZIP 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.

6.4 CITY-ST-ZIP

SIGNATURE: &