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Mar 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 687530

(6)

1. Corporation Name

CONNIE'S FASHIONS, INC.



Principal Place of Business

Mailing Address

810 BALD EAGLE DRIVE
C/O CONNIE BLUM
MARCO ISLAND FL 33937
US

810 BALD EAGLE DRIVE
C/O CONNIE BLUM
MARCO ISLAND FL 34145-2543
US

2. Principal Place of Business

2a. Mailing Address

21 *Connie's Fashions, Inc.*

3. Date Incorporated or Qualified

09/12/1980

3a. Date of Last Report

03/30/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 *810 Bald Eagle Dr*

27 City & State

23 *Marco Is FL*

28 City & State

24 *34145* 25 *USA*

29 Zip 30 Country

4. FEI Number

59-2020546

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLUM, CONNIE WENTZEL
810 BALD EAGLE DRIVE
MARCO ISLAND FL 33937 *34145*

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVT ☐ DELETE
NAME BLUM, CONNIE
STREET ADDRESS 1236 LAMPLIGHTER CT.
CITY-ST-ZIP MARCO ISLAND FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME GLASGOW, NICOLE
STREET ADDRESS 1236 LAMPLIGHTER CT.
CITY-ST-ZIP MARCO ISLAND FL

2.1 TITLE ☒ Change ☒ Addition
2.2 NAME *S Glasgow, Nicole*
2.3 STREET ADDRESS *1170 Fox Ridge Rd.*
2.4 CITY-ST-ZIP *Earlysville, VA 22936*

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0416733

CR2E034 (9/96)