

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

**APPROVED AND FILED**

MAY - 1 PM 5:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995  
  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Northam  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F27009** (2)  
 1. Corporation Name  
**B. RISQUE' FASHIONS, INC.**

Principal Place of Business: **C/O BONNIE LEE BARLOW 1026 US HWY 19 HOLIDAY FL 34691**  
 Mailing Address: **C/O BONNIE LEE BARLOW 1026 US HWY 19 HOLIDAY FL 34691**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21**  
 2a. Mailing Address: **26**  
 22. State: Apr # of: **27**  
 23. City & State: **28**  
 24. City: **25** County: **29** Country: **30**

3. Date incorporated or created: **03/23/1981**  
 3a. Date of Last Report: **04/26/1994**  
 4. FEI Number: **59-2086885** Applied For:  Not Applicable:   
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**  
 7. The corporation has liability for intangible tax under 1919.032 Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**BARLOW, BONNIE LEE  
 1706 PINETREE  
 HOLIDAY FL 34690**

10. Name and Address of New Registered Agent  
 81. Name:  
 82. Street Address: P.O. Box Number, if Not Applicable:  
 83.  
 84. City: **FL** 85. Zip Code:

11. I, the undersigned, the principal officer, director, officer and agent of the Florida Statutes, the above named corporation submit this statement for the purpose of changing its registered office or principal place of business 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 filing requirements of 1919.032 Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS, DIRECTORS, AND STOCKHOLDERS

|                |                        |
|----------------|------------------------|
| TYPE           | ST                     |
| NAME           | BARLOW, BONNIE         |
| STREET ADDRESS | 5423 FRONT DR.         |
| CITY & STATE   | HOLIDAY, FLORIDA 33590 |
| TYPE           | P                      |
| NAME           | BARLOW, RODNEY         |
| STREET ADDRESS | 5508 JASPERWOOD DR     |
| CITY & STATE   | HOLIDAY, FLORIDA 33590 |
| TYPE           | V                      |
| NAME           | BARLOW, BARBARA        |
| STREET ADDRESS | 5405 GOLDEN NUGGET DR  |
| CITY & STATE   | HOLIDAY, FLORIDA 33590 |
| TYPE           | D                      |
| NAME           | ROBSON, CRYSTAL        |
| STREET ADDRESS | 7383 JASMINE DR.       |
| CITY & STATE   | NEW PORT RICHEY FL     |

13. ADDITIONAL CHANGES, TO OFFICERS, AND DIRECTORS ONLY

|                |                          |  |
|----------------|--------------------------|--|
| TYPE           | P                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Barlow Bonnie            |  |
| STREET ADDRESS | 5423 Front Dr            |  |
| CITY & STATE   | Holiday FL 34690         |  |
| TYPE           |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY & STATE   |                          |  |
| TYPE           | ST                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Barlow, Barbara          |  |
| STREET ADDRESS | 780 Batten Park Blvd     |  |
| CITY & STATE   | Tarpon Springs FL 34689  |  |
| TYPE           | V                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | Robson, Crystal          |  |
| STREET ADDRESS | 7363 Jasmine Dr          |  |
| CITY & STATE   | New Port Richey FL 34652 |  |
| TYPE           |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY & STATE   |                          |  |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and equally for the corporation stated in Tax form 1120 or 1120-S, Florida Statutes. I further certify that the information included 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 receiver or trustee assigned to execute this report as required by Chapter 1919 Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Bonnie L. Barlow*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**BONNIE L. BARLOW**

4-28-95