

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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**

3. Date incorporated or Qualified: **03/23/1981**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2086885**
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

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

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	ST <input type="checkbox"/> DELETE
NAME	BARLOW, BONNIE
STREET ADDRESS	5423 FRONT DR.
CITY-ST-ZIP	HOLIDAY, FLORIDA 33590
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	BARLOW, RODNEY
STREET ADDRESS	5508 JASPERWOOD DR
CITY-ST-ZIP	HOLIDAY, FLORIDA 33590
TITLE	ST <input type="checkbox"/> DELETE
NAME	BARLOW, BARBARA
STREET ADDRESS	780 BRITAN PARK BLVD
CITY-ST-ZIP	TARPOON SPRINGS FL
TITLE	ST <input type="checkbox"/> DELETE
NAME	ROBSON, CRYSTAL
STREET ADDRESS	7363 JASMINE DR.
CITY-ST-ZIP	NEW PORT RICHEY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Rest Same
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Deceased
23 STREET ADDRESS	2-23-96
24 CITY-ST-ZIP	
31 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Rest same
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Rest Same
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(3)(k), 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 change, I, or an attachment with an address.

SIGNATURE: Bonnie Barlow **BONNIE BARLOW** 4-26-90
DATE: _____
TELEPHONE: _____ DAYTIME PHONE: **813 9385465**

CR2E034 (12/95)