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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F41112

1. Corporation Name

STYLES & STILE INC.

OTTEEO	u 010/11/11/0						
Principal Place of Business Mailing Address					. I INNITIAN CITY BEBRY CLARK CORE CORE ACRES ACRES	1611 81811 818 11	BIBIL BIBIL IMBI
5742-54TH AVENUE NORTH ST. PETERSBURG FL 33709 ST. PETERSBURG FL 33709					DO NOT WRITE IN THIS	SPACE	
US US					3. Date Incorporated or Qualifed		· · · · · ·
					08/12/1981		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	T A	pplied For
21		26			59-2132796	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional		
22		27			5. Certificate of States Desired	Fee R	equired
City & Stat	re .	City & State		6. Election Campaign Financing		May Be	
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	•	8. This corporation owes the current year Int	angible	₽
24	25	29 30	<u> </u>		Personal Property Tax. 10. Name and Address of New Registered		12 00
	9. Name and Address of Current	Registered Agent	81	Name	10. Mante and Address of New Registered	riguit	
GIGI	JA, TRISH L.						
5742-54TH AVENUE NORTH			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
ST. PETERSBURG 33709			83		- Live -		
			84	City	FL	85 Zip	Code
SIGNATURE	m familiar with, and accept the obligati	and title if applicable. (NOTE-Re	egisiered Agei		d when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECT®	
TITLE	501		1.1 TITLE			☐ Change	
NAME	GIGLIA, TRISH L		1.2 NAME				ļ
STREET ADDRESS	of the other memor			TADDRESS			
CITY-ST-ZIP			14 CITY-S 2.1 TITLE	T-ZIP		Change	Addition
TITLE	PD DIVINID	LJ DECETE			•		
NAME	GIGERY FILE		2.2 NAME	* *******			İ
STREET ADDRESS				T ADDRESS			Ì
CITY-ST-ZIP TITLE			2.4 CITY-5 3.1 TITLE	51-24		☐ Change	- Addition
NAME		_	3 2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			3.4. CITY- S	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CiTY-ST-ZiP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE		3	Change	Addition
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS	l .		6.3 STREE	T ADDRESS			

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