

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
 CORPORATION
 ANNUAL REPORT
1996



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

DOCUMENT # F44500 (9)
 1. Corporation Name
STYLE 2000 INC.



Principal Place of Business Mailing Address
1210 SOUTH BROAD STREET
BROOKSVILLE FL 34601

3. Date Incorporated or Qualified **09/14/1981** 3a. Date of Last Report **03/20/1995**
 4. FEI Number **59-2121314** 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

2. Principal Place of Business 2a. Mailing Address
 21 **821 South Broad St** 26 **821 South Broad St**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **Brooksville FL** 27 **Brooksville FL**
 City & State City & State
 23 **34601** 25 **Hernando** 29 **34601** 30 **Hernando**
 Zip Country Zip Country

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
ROBINSON, TONI LEE 81 Name
32 SOUTH PLAZA 82 Street Address (P.O. Box Number is Not Acceptable)
BROOKSVILLE FL 34601 83
 84 City 85 Zip Code **FL**

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 in block of registered agent and fee if applicable

(NOTE: Registered Agent's signature required when reappointing)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, TONI LEE	1.2 NAME	
STREET ADDRESS	32 SOUTH PLZ.	1.3 STREET ADDRESS	1300 MONROE HILL RD
CITY-ST-ZIP	BROOKSVILLE FL	1.4 CITY-ST-ZIP	BROOKSVILLE FL 34601
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, GEORGE	2.2 NAME	
STREET ADDRESS	32 SOUTH PLZ.	2.3 STREET ADDRESS	1300 MONROE HILL RD
CITY-ST-ZIP	BROOKSVILLE, FL 00000	2.4 CITY-ST-ZIP	BROOKSVILLE FL 34601
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **George L. Robinson** 12 Jan 96 352-799-3420
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)