

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90152 037 \*\*\*150.00

DOCUMENT # F96000004065

1. Corporation Name

ANN SUMMERS USA, INC.

Principal Place of Business

C/O DORRA SHAW CHAPLIN & DUGAN  
270 5TH COUNTY RD  
PALM BEACH FL 33480  
US

Mailing Address

C/O DORRA SHAW CHAPLIN & DUGAN  
270 5TH COUNTY RD  
PALM BEACH FL 33480  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1996

4. FEI Number

65-0683691

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 owes the current year intangible  
Personal Property Tax.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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 ☐ DELETE

NAME GOLD, TINA  
STREET ADDRESS 1665 BRANDYWINE RD #4112  
CITY-STATE-ZIP WEST PALM BEACH FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME HARRIS, JULIE  
STREET ADDRESS GADOLINE HOUSE, 2 GODSTONE RD, WHYTELEAFE  
CITY-STATE-ZIP SURREY CR3 0EA, ENGLAND

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME UNADKAT, P G  
STREET ADDRESS GADOLINE HOUSE, 2 GODSTONE RD, WHYTELEAFE  
CITY-STATE-ZIP SURREY CR3 0EA, ENGLAND

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME GOLD, JACQUELINE  
STREET ADDRESS GADOLINE HOUSE, 2 GODSTONE RD, WHYTELEAFE  
CITY-STATE-ZIP SURREY CR3 0EA, ENGLAND

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME GOLD, DAVID  
STREET ADDRESS GADOLINE HOUSE, 2 GODSTONE RD, WHYTELEAFE  
CITY-STATE-ZIP SURREY CR3 0EA, ENGLAND

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME GOLD, RALPH  
STREET ADDRESS GADOLINE HOUSE, 2 GODSTONE RD, WHYTELEAFE  
CITY-STATE-ZIP SURREY CR3 0EA, ENGLAND

6.1 TITLE ☐ Change ☐ Addition

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 a letter like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99

Date

561 822 7955

Daytime Phone #

CR2E034 (1/98)

057647