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Apr 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **G41289** (1)  
1. Corporation Name  
**MICHELLE'S DESIGNER SPECIALTIES BOUTIQUE, INC.**



Principal Place of Business Mailing Address  
**4400 BAYOU BOULEVARD  
SUITE 11  
PENSACOLA FL 32503** **4400 BAYOU BOULEVARD  
SUITE 11  
PENSACOLA FL 32503-2673**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified **05/27/1983** 3a. Date of Last Report **04/15/1996**  
4. FEI Number **59-2299502** 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. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
**LOFTIN, WINNIE RUTH  
4400 BAYOU BOULEVARD  
SUITE 11  
PENSACOLA FL 32503**

10. Name and Address of New Registered Agent  
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 required on this form only if a new agent is appointed and the old agent is not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. DP ☐ DELETE  
NAME **LOFTIN, WINNIE RUTH**  
STREET ADDRESS **8598 MEADOWBROOK DR**  
CITY, ST, ZIP **PENSACOLA, FL 00000**  
2. D ☐ DELETE  
NAME **LOFTIN, J. MITCHELL, SR.**  
STREET ADDRESS **8839 MEADOWBROOK DR.**  
CITY, ST, ZIP **PENSACOLA FL**  
3. ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
4. ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
5. ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
6. ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY, ST, ZIP  
2. 2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY, ST, ZIP  
3. 3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY, ST, ZIP  
4. 4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY, ST, ZIP  
5. 5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY, ST, ZIP  
6. 6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY, ST, ZIP

14. I do 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, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)