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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 04 1998 8:00am Secretary of State

	1998	DIVISION	OF CORPORATIONS	Secretary of State		
	MENT # G50 IL IN STYLE, INC.	835 (9)				
Principal Plac	ce of Business	Mailing Address			Olisa gadas obbok bibin bibin bibin	H BINIH 1881
6477 STIRLIN		6477 STIRLING RD				
DAVIE FL 33		DAVIE FL 33314				
					E IN THIS SPACE	
				3. Date Incorporated or Qualified 07/15/1983		
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	I IA	oplied For
21 526	S. N.W. 73 TE	RR 26 5265 1	1W 73 TERR	+ 59-2328884		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired		Additional
22 City & Stat		27 Ca. P. Canta			Fee Re	equired
		City & State	tive t	6. Election Campaign Financing		May Be
Zip	Country	Zip Zip	Country	Trust Fund Contribution 8. This corporation owes or has a		to Fees
24 33	319 25 USA	A 29 33319	30 U S A	Personal Property Tax due Jur		Mangioie Mo
	9, Name and Address of (Current Registered Agent		10. Name and Address of New F		
	NDALL, ANTHONY		81 Name	RANDALL, A.	YHONT	
5477 STIRLING RD.			82 Street Add	lress (P.O. Box Number is Not Accepta	able)	***************************************
DA	VIE FL 33314		83	5265. NW. 73	rerr.	
			63			
			84 City	LAUDERHILL	FL 65 Zip	Code
11. Pursuant	to the provisions of Sections 60	07.0502 and 607.1508. Florida S	tatutes the above-named cor	poration submits this statement for the	nurgose of changing if	ts registered
office or a	registered agent, or both, in the	State of Florida, Such change v	vas authorized by the corpora	poration submits this statement for the ation's board of directors. I hereby acc	ept the appointment as	registered
SIGNATURE	an actional with a constant	o congunotto ot, buchon cor .coc	s, rionad biatatos.			
	Signature, typed or printed name of regist		(NOTE Registered Agent signature requ		DATE	
12.	OFFICEF	RS AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFF		
NAME	RANDALL, SHEILA	☐ DECEIFE	1.1 TITLE 1.2 NAME		☐ Change	Addition
STREET ADDRESS	5265 NW 73 TERR.		1.3 STREET ADDRESS			
CITY-ST-ZIP	LAUDERHILL FL		1.4 CITY-ST-ZIP	±		
TITLE	PD	DELETE			Change	Addition
NAME	randall, anthony		2.2 NAME			
STREET ADDRESS	5265 NW 73 TERR.		2.3 STREET ADDRESS			
CITY-ST-ZIP	LAUDERHILL FL		2.4 CITY-ST-ZIP	<u>.</u> '	:	
TITLE		☐ DELETE			☐ Change	■ Addition
STREET ADDRESS			3.2 NAME		-	
CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. CITY - ST - ZIP			
TITUE		DELETE			Change	Addition
NAME			4. 2 NAME		•	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE			☐ Change	☐ Addition
TITLE NAME		☐ DELETE	5 1 TITLE 52 NAME		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS		☐ DELETE	5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5 1 TIPLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP	·	,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP 6 1 TITLE		Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP 6 1 TITLE 6 2 NAME		,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP 6 1 TITLE		,	

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.