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

PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # H06661**

ACT II SHOPPE OF BRANDON, INC.

Mailing Address Principal Place of Business % MARY E. HOWARD % MARY E. HOWARD 155 BLOOMINGDALE AVE 155 BLOOMINGDALE AVE BRANDON FL 33511 BRANDON FL 33511 US

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90041 031 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/01/1984 Applied For 4. FEI Number 2a. Mailing Address 1.5 2. Principal Place of Business Not Applicable 59-2411268 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation owes the current year Intangible Country Zip Country Zip ÖNo Yes Personal Property Tax. 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HOWARD, MARY E. Street Address (P.O. Box Number is Not Acceptable) **408 ASHFORD DRIVE** BRANDON FL 33511 83 Zip Code 85 84 City 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 (NOTE: Registered Agent signature required Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. ☐ Change DELETE 2.11208 11 TITLE TITLE 1.2 NAME HOWARD, MARY E. NAME **408 ASHFORD DRIVE** 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP BRANDON FL ☐ Addition CITY-ST-ZIP ☐ Change ☐ DELETE 2.1 TITLE TITLE HOWARD, CHRISTINA L. 22 NAME NAME **408 ASHFORD DRIVE** 2.3 STREET ADDRESS STREET ADDRESS **BRANDON FL** 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4,3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 61 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 7111260 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change 6.1 TITLE ☐ DELETE TITLE 62 NAME NAME

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 on the receiver of the corporation or the receiver of the receiver of the receiver of the corporation or the receiver of the receiver CITY-ST-ZIP ress, with all other like empowered. Block 12 or Block 13 if changed, or on an attachment with an add

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

CR2E034 (11/98)