Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90035 031 \*\*\*150.00

## 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** 

## DOCUMENT # H12253

1. Corporation Name

J.K.L. FA	ASHIONS, INC.						
Dringinal Place	of Rusiness	Mailing Address				III OTOTI BIBII OTOTI I	TION BLEN BION CON
Principal Place of Business  Mailing Address  Mailing Address  1100 N MAIN ST  STORE A  BELLE GLADE FL 33430  US  Mailing Address  1100 N MAIN ST  STORE A  BELLE GLADE FL 33430  US					DO NOT WRITE I	N THIS SPACE	:
		00			07/16/1984		
2. Principal Pl	lace of Business	2a, Mailing Address			4, FEI Number		Applied For
21	•	26			59-2421827		Not Applicable
Suite, Apt.	#, etc-	Suite, Apt. #, etc.			5. Certifcate of Status Desired		75 Additional e Required
City & State		City & State			6. Election Campaign Financing	\$5.	.00 May Be
23		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cou	intry	8. This corporation owes the current	year Intangible	_
24	25	29	30		Personal Property Tax.	<b>⊠</b> Yes	No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Regi	stered Agent	
144.00				81 Name			
HARVILLE, JANIE B 1100 N MAIN ST			_	82 Street A	ddress (P.O. Box Number is Not Acceptable	)	
SUITE 103				83			
BELLE GLADE FL 33430							
·				84 City		FL	Zip Code
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was tions of, Section 607.0505, F	autnorizeo Iorida Stat	utes.	orporation submits this statement for the pur ation's board of directors. I hereby accept th	e appointment a	g its registered
	AND DIDECTORS			Agent signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFICE		CTORS IN 12
TITLE	PD OFFICERS AN	DELETE	13.	m F	ADDITIONS/CHANGES TO CITICI	Cha	
	HARVILLE, JANIE 8	<b></b>	1.2 N			_	
NAME	709 E CANAL ST, NORTH			TREET ADDRESS			'
STREET ADDRESS				ITY-ST-ZIP			
CITY-ST-ZIP	BELLE GLADE FL STD	☐ DELETE	2.1 T			☐ Cha	ange
TITLE		□ 55	2.2 N		•	**-	
NAME	HARVILLE, A. J. 709 E CANAL ST, NORTH		•	TREET ADDRESS			
STREET ADDRESS	BELLE GLADE FL			CITY-ST-ZIP			
CITY-ST-ZIP	DELLE GLADE FL	· - DELETE	3.1 T			☐ Cha	inge Addition
NAME			3.2 N	\ \	*		_
STREET ADDRESS				TREET ADDRESS			
				CITY-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	4.1 T			Cha	ange Addition
NAME.				IAME			
STREET ADDRESS	·			TREET ADDRESS			
			1	ITY-ST-ZIP			
CITY-ST-ZIP TITLE		DELETE	5.1 T			☐ Cha	ange Addition
NAME				AME			
STREET ADDRESS			5.3 S	TREET ADDRESS			
CITY-ST-ZIP			5.4 C	ITY-ST-ZIP			
TITLE		☐ DELETE	6.1 7	ITLE		☐ Cha	ange
NAME			6.2 N	AME			

CITY-ST-ZIP 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 cappiration 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 chapted, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

ZZQUIRJänie B. Harville

561-996-0806

Daytime Phone #