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

PROFIT CORPORATION ANNUAL REPORT

1007



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1991	3.50										
DOCUMENT # H65855 (9) 1. Corporation Name EVE'S PETITES, INC.												
											AND BANKA SARA	l
Principal Plac * EVA WATSO	e of Business		Mailing Address ** EVA WATSON					t design and such and design give given gen	*****	•	*** *****	•
1465 MAIN STREET 1465 MAIN STREET												
SARASOTA FL	34236	SA	RASOTA FL 34236-5714	ŀ			-		-1 <u></u>	7-11-2		
							Ì	3. Date Incorporated or Qualified 07/11/1985		ate of Las 11/1996		
	hace of Business	28	. Mailing Address					4. FEI Number	1 - 4		Applied I	For
21		26						59-2562023			Not Appl	icable
Suite, Apt. #, etc.			Suite, Apt #, etc.					5. Certificate of Status Desired			5 Additio	
City & State			City & State								Required	
23			28				}	Election Campaign Financing Trust Fund Contribution)0 May E	
Zip	Country	- 1.01	Zip	Cou	intry	 /		8. This corporation has hability for				
24	25	29		30					₹Yes [,,,,,	
	Name and Address of Curr	ent Regi	stered Agent					10. Name and Address of New Re	gistered	Agent		
WAT	ison, Eva				81	Name						}
1465 MAIN STREET					62	82 Street Address (P.O. Box Number is Not Acceptable)						
SAR	ASOTA FL 34236				 							
					83							1
					84	City			r- 1	85 Z	ip Code	
					<u></u>	<u> </u>			FL	<u>: </u>		
. 11. Fursuant office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta	502 and t ite of Flori	307.1508, Florida Statut ida. Such change was	ies, the ai authorize	d by	e-named c y the corpo	corpora	ation submits this statement for the part of statement of directors. I hereby accepts	ourpose of ot the app	r changini wintment	g its regis as registe	ered
agent 1 a	im familiar with, and accept the obl	ligations c	of, Section 607.0505. FI	lorida Stat	tute	S .						1
SIGNATURE	Signature, typed or pointed name of registered.	Borens, and oth	e il applicable (NO)	TE Flegistere	d Age	ent signature re	required v	when reinstating)	DATE			
12.	OFFICERS A			13.				ADDITIONS/CHANGES TO OFFIC		DIRECT	ORS IN 1	5
100	PD		☐ DELETE	1.1 1	TLE					Chang	je 🔲 A	ddition (
NAME:	WATSON, EVA			1.2 N	AME							ľ
STREET ADDRESS 5300 OCEAN BLVD., #701			1.3			1.3 STREET ADDRESS						
CDY-SI-AR	SARASOTA FL			1.4 C	ITY-S	ST - ZiP						
THE	D		DELETE	2.1 (1	TLE	1				j Chang	je 📙 A	Addition
HAME	WATSON, KENNETH R.			22 N	AME	Į.						,
STREET ADDRESS	5300 OCEAN BLVD., #701			2.3 \$	TREET	ADDRESS						}
(11Y S1-76	SARASOTA FL		Locuette			ST-ZIP		······································	·	T 05		al attached
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STREET ADDRESS						ADDRESS						Ì
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NAME			C Detric	4.2 h		}				- Outri	م وسيا ب	
STREET ADDRESS	}					ADDRESS						ł
CITY: \$1-20F					-	ST-ZIP						Ì
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HAME	}		-	5 2 Ni		1				_		1
STREET ADDRESS	}					ADDRESS						ł

6.4 City-St-ZiP

14. I do neverly 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 of 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.

5.4 CITY - ST - ZIP

63 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

City-St-ZiP

1914

NAME STREET ADDRESS

LUA WATED IN THE ON PRINTED NAME OF BIONING OFFICER OR DIRECTOR

DELETE

3/21/97

FILED

Apr 09 1997 8:00am

Secretary of State

941-366-8443

Change

Addition