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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # J29158** 

(9)

JEANIE'S FASHION NETWORK, INC. Principal Place of Business Mailing Address 3925 SHELL ROAD 3925 SHELL ROAD SARASOTA FL 34242-1137 SARASOTA FL 34242 3. Date Incorporated or Qualified 3a. Date of Last Report 08/18/1986 08/12/1996 4. FEI Number 2. Principal Place of Business Mailing Address Applied For 59-2725074 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees  $Z_{\rm IP}$ Country Ζıp Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PARKER, THEODORE 2033 MAIN STREET 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 100 83 SARASOTA FL 34237 84 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typical or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. VD DELETE Change Addition TITLE 1.1 TITLE SMALL, HARVEY MAME 1.2 NAME 3935 SHELL RD. 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 1.4 CITY-SY-ZIP CitY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE SMALL, JEANIE 2.2 NAME NAME 3935 SHELL RD. 2.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 2.4 CITY-ST-ZIP C41Y-S1-7/P DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CHTY+ST ZIP DELETE Change \_\_\_ Addition TITLE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS C-TY - ST - Z)P 4.4 CITY - ST - ZIP DELETE Change \_\_\_ Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP City-S\*-ZiP Change Addition DELETE TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 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 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

SIGNATURE:

VALLEY A SMAN POU Y/8/27 941 346 NES

(96/6)

**FILED** 

Apr 23 1997 8:00am

Secretary of State