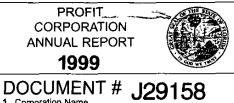
PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90103 004 ***150.00

JEANIE'S FASHION NETWORK, INC.							· (100//10 0/10 1/0/0 10/0/ 1/0/0/	lor ibil didir bil	an andre biber i	ALBEL BIBLI PBB:
									#	iii ii 131) iiii
Principal Place	e of Business	Mailing Add	ess				- - - -	.IOI (01) 61611 VI	III BIBN BIBN I	DION ANDNIEDI
3925 SHELL ROAD 3925 SHELL ROAD										
SARASOTA FL 34242 SARASOTA FL 34242										
							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed			
							08/18/1986			
Principal Place of Business 2a. Mailing Address							4. FEI Number			plied For
21 26							59-2725074	<u>-</u>		ot Applicable
Suite, Apt. #, etc.							5. Certifcate of Status Desired		\$8.75	
22 27									Fee Re	
City & State City & State							6. Election Campaign Financing		\$5.00	
23		28		Countr			Trust Fund Contribution		Added t	to rees
Zip	Country	Zip	Γ <u></u> -	٠	у	,	8. This corporation owes the curr	ent year Inta	ingible □Yes	□No
24	25	29	30	<u>'</u>			Personal Property Tax. 10. Name and Address of New F	Pagietorad A		
	9. Name and Address of Cur	rent Kegistered Age	:nc	81	1 1	Name	10. Name and Address of New I	redistered y	gent	
PAR	ker, theodore			Ĺ						
2033 MAIN STREET					2 5	Street Addre	ss (P.O. Box Number is Not Accepta	able)		
SUITE 100				83	2					
SARASOTA FL 34237				"					1.	
				84	4 (City	FL 85 Z		85 Zip (Code
44. Duragest to the previsions of Sections 607 0502 and 607 1508. Florida Statutes, the above-pament cornoration submits this statement for the purpose of changing its registions.										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 registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									gistered	
SIGNATURE										
	Signature, typed or printed name of registered		(NOTE: Re		ent siç	gnature required	when reinstating) ADDITIONS/CHANGES TO OF	DATE EICEDS ANI	DIRECTO	105 IN 12
12.	VD	AND DIRECTORS	DELETE	13.			ADDITIONS/CHANGES TO OF	ITICERS ANI	Change	Addition
TITLE			_ 5000							
NAME	SMALL, HARVEY			1.2 NAME						}
STREET ADDRESS	3935 SHELL RD.			1.3 STREE						ĺ
CITY-ST-ZIP	SARASOTA FL		DELETE	1.4 CITY-1		IP I			☐ Change	Addition
TITLE	D CAAAAA IFAAAIIF	L	"] OELEIE	2.1 TITLE					☐ Onlange	
NAME	SMALL, JEANIE			2.2 NAME		ļ				1
STREET ADDRESS	3935 SHELL RD.			2.3 STREE						
CITY-ST-ZIP	SARASOTA FL		T DELETE	2. 4 CITY-		ZIP			Change	Addition
TTLE		L] DELETE	3.1 TITLE			·		Change	
NAME				3.2 NAME	;	ļ				1
STREET ADDRESS				3.3 STREE	ET AD	ODRESS				
CITY-ST-ZIP				3.4. CITY-		ZIP				A dellate
TITLE		L	DELETE	4,1 TITLE					☐ Change	Addition
NAME				4. 2 NAME	Ē	ļ				ļ
STREET ADDRESS				4.3 STREE	ETAD	DORESS				
CITY-ST-ZIP				4.4 CITY-	ST-ZI	IP				
TITLE			DELETE	5.1 TITLE					Change	☐ Addition
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREE	ETAD	ORESS				
CITY-ST-ZIP				5.4 CITY-		JP				
TITLE			DELETE	61 TITLE					Change	☐ Addition
NAME				6.2 NAME						ĺ
STREET ADDRESS				6.3 STREE	ET AD	DORESS				i

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 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 appear with an address, which all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

941 344 1563 Davime Phone #