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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

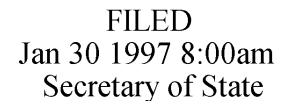
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

SIGHT 'N STYLE, INC.

(3)

Mailing Address Principal Place of Business





590 DUNDAS DR. Jacksonville Fl. 32218		590 DUNDAS DR. Jacksonville FL 32218-5579								
						3. Date Incorporated or Qualified 11/05/1986		te of Last Re /10/1996		
2. Principal P	abe of Business	2a. Mailing Address	******			4. FEt Number		Ap	plied For	
21		26				59-2736159		No	t Applicable	
Suite Apt. # otc		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	0	City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country Zip Country 29 30				Florida Statutes Yes No					
	9. Name and Address of Cui	rrent Registered Agent				10. Name and Address of New Re	gistered A	lgent		
EL	EFANT, FRED			81	Name					
1650 PRUDENTIAL DR., SUITE #105 JACKSONVILLE FL 32207				82	Street Ad	ddress (P.O. Box Number is Not Acceptable)				
	ONO ON THE PERSON			83						
		in the second second		84			FL		Code	
office or r	egistered agent, or both, in the S in familiar with, and accept the of	tate of Florida. Such change wa bligations of, Section 607.0505,	is authorize Florida Sta	ed by atute:	y the corpor s.	rporation submits this statement for the p atlon's board of directors. I hereby accep	ot the appo	changing it ointment as	s registered registered	
	Signature, typical or pointed name of regis are				ent signature red	urred when reinstating)	DATE	DIRECTOR	C 151 40	
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ENS AND		Addition	
TIFLE	Db			1.1 TITLE				Change	Addition	
NAME	DIETRICK, JUDY		1.21	NAME						
STREET ADDRESS	590 DUNDAS DR		1.3 \$	STREET	ADDRESS					
CHTY-ST-ZIP	JACKSONVILLE FL			1.4 CITY - ST - ZIP				T 1 6	1 4 4 102	
TITLE	V TOTAL	☐ DELETE						Change	Addition	
NAME	DEITRICK, JOHN		2.21	NAME		:*				
STREET ADDRESS	590 DUNDAS DRIVE		2.3 5	STREET	T ADDRESS					
CITY - ST - 7/P	JACKSONVILLE FL				ST-ZIP	***************************************		·	The same	
101.6		☐ DELETE	3.1	TITLE				Change	Addition	
NAME		•	321	NAME						
STREET ADDRESS			33	STREET	T ADDRESS					
City - St - ZiP					ST-ZIP				Barata:	
TILLE		☐ DELETE	41	TITLE				Change	Addition	
NAME			4 2	NAME	İ					
STREET ADDRESS			43	STREE	T ADDRESS					
CITY - ST. 20P			4.41	CITY-S	ST-ZIP					
TITLE		☐ DELETE	51	TITLE				Change	Addition	
NAVI:			5.21	NAME						
STREET ADDRESS			5.3	STREE	T ADORESS					
CITY - ST - ZIP			5.4	CITY-	ST-ZIP					
TITLE		☐ DELETE	6.1	TITLE				Change	Addition	
NAME			6.2	NAME						
STHEET ADDRESS			5.3	STREE	T ADDRESS					
CHY+S7+ZIP			6.4	CITY-:	ST-ZIP					
						The second of th				

14. Lo 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 trusted 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.