

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

APPROVED AND FILED

95 JUL -3 AM 9:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1995



**FLORIDA DEPARTMENT OF STATE
Sandra B. Montiam
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # J59222 (6)

1. Corporation Name

FASHIONS "N" MORE OF SAN CARLOS, INC.

Principal Place of Business

Mailing Address

**9920 CALOOSA YACHT & RACQUET CLUB DR
FT MYERS FL 33919
US**

**9920 CALOOSA YACHT & RACQUET CLUB DR
FT MYERS FL 33919
US**

DO NOT WRITE IN THIS SPACE

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2A. Mailing Address				
State, Apt. #, etc.					State, Apt. #, etc.				
City & State					City & State				
County					County				

3. Date Incorporated or Qualified 02/26/1987	3a. Date of Last Report 02/28/1994
4. FEI NUMBER 59-2775504	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. This corporation has liability for independent directors as 100.00% Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CARNEY, LEE F. JR
10823 TAMMAM TRAIL, NORTH
SUITE G
NAPLES FL 33963**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL

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. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature of Current Registered Agent) _____ (Signature of New Registered Agent) _____ (Signature of Secretary)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	PD	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAVERSON, DENNIS	2. NAME	
STREET ADDRESS	15851 TRIPLE CROWN CT.	3. STREET ADDRESS	9920 CALOOSA YACHT & RACQUET CLUB DR.
CITY, ST. ZIP	FT. MYERS FL	4. CITY, ST. ZIP	FT. MYERS, FL 33919
TITLE	VST	5. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAVERSON, NANCY	6. NAME	
STREET ADDRESS	15851 TRIPLE CROWN CT.	7. STREET ADDRESS	9920 CALOOSA YACHT & RACQUET CLUB DR.
CITY, ST. ZIP	FT. MYERS FL	8. CITY, ST. ZIP	FT. MYERS, FL 33919 CLUB DR.
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST. ZIP		12. CITY, ST. ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST. ZIP		16. CITY, ST. ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST. ZIP		20. CITY, ST. ZIP	

9920 CALOOSA YACHT & RACQUET CLUB DR.
FT. MYERS, FL 33919

9920 CALOOSA YACHT & RACQUET CLUB DR.
FT. MYERS, FL 33919 CLUB DR.

14. I, the undersigned, certify that the information furnished with this filing is a true and correct copy of the information stated in Sections 110.01(2)(b), Florida Statutes. I further certify that the information stated on this annual report or subsequent annual report is true and accurate, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation, or the attorney or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 of this report, or on an attached sheet with this filing.

SIGNATURE: NANCY R BEAVERSON, SECRETARY 6/27/95 (813) 481-0249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/85)