## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

J59222 **DOCUMENT #** 

(6)

Mailing Address

Principal Place of Business

STREET ADDRESS

SIGNATURE:

FASHIONS "N" MORE OF SAN CARLOS, INC.

9920 CALO FT.MYERS US	DOSA YACHT & RACQUET CLUB DR FL 33919		9920 CALOOSA YACHT & RACOUET CLUB DR FT.MYERS FL 33919 US		3. Date Incorporated or Qualified 02/26/1987	3a. Date of Last Report 07/03/1995		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Δ	Applied For
21		26	·		59-2775504 Not Applicat			Not Applicable
Suite, Apt. :	#, etc	Suite, Apt #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		Oty & State			Election Campaign Financing     Trust Fund Contribution		□ \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	í		s 🔲 No		199.032,
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New	Registered	d Agent	
Carney, Lee F. Jr 10823 tamiami trail, North Suite G				81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83				
	ES FL 33963			<u></u>				- C
104 220 12 0000			84	City		F	L  85   Zip	p Code
12. TITLE	PD OFFICERS A BEAVERSON, DENNIS	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF		Change	☐ Addition
STREET ADORESS	-9920 CALOOSA YACHTY FT. MYERS FL	RACQUET CLUB DRIVE	1.3 STHEF	LADDRESS 99	OZO CALOOSA YI	gcHT	4 RA	CQUET 3 DR.
CITY-ST-ZIP TITLE	VST	[] DELETE	2 1 TillE	31.51			Change	Addition
NAME	BEAVERSON, NANCY	DAGGUET OLUB DDB#	2.2 NAME					A 40 A 1.
STREET ADDRESS	FT. MYERS FL	RAUGUET GLUB DRIVE	23 STREE	TADDRESS 99	920 CALOOSA YACHT & RACQ			ANCOL
CITY-ST-ZIP	FI, MICHOIL	☐ DELETE	2.4 CITY - 3.1 DILE	S1-71P		1	☐ Change	<u> </u>
TITLE		I'' DEFEIG	3 1 UILE 32 NAME				- Sugnitive	المارين الم
NAME CIRCLI ADDRESS				ET ADDRESS				
STREET ADDRESS			3.4 CITY -					
CITY - ST - ZIP TITLE		DELETE	4 1 11/12				Change	☐ Addition
NAME		<b>—</b>	4.2 NAME					
STREET ADDRESS			4.3.51966	T ADDRESS				
CITY-ST-ZIP			4.4.0:TY	ST-71P				
TITLE		DELETE	5 1 TIME				☐ Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY+SI-ZIP			5.4 CiTY -	-ST-ZIP				
TITLE		DELETE	6 1 TITLE	·			Change	Add tion
NAME			6.2 NAME					

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Fiorida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and triat my signature shall have the same legal effect as if made under oath; that I am an officer or digitor of the corporation or true receiver or trustee enipowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 3 if changed, or of a latter mental an address. ON SECRETARY 4/15/96 (941) 481-0249