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Apr 01, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J59222

1. Corporation Name  
FASHIONS "N" MORE OF SAN CARLOS, INC.

Principal Place of Business 2610 SE 20TH PL. CAPE CORAL FL 33904 US  
Mailing Address 3614 S.E. 21st Ave. CAPE CORAL FL 33904 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3614 S.E. 21st Ave. 22 Suite, Apt. #, etc. 22  
23 Cape Coral, FL City & State  
24 33904 25 Zip Country  
26 3614 S.E. 21st Ave. 27 Suite, Apt. #, etc. 27  
28 Cape Coral, FL City & State  
29 33904 30 Zip Country

3. Date incorporated or Qualified 02/26/1987  
4. FEI Number 59-2775504 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent  
CARNEY, LEE F. JR  
10823 TAMiami 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 FL 85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
TITLE  DELETE  
NAME PD BEAVERSON, DENNIS  
STREET ADDRESS 2610 SE 20TH PL 3614 S.E. 21st Ave.  
CITY-ST-ZIP CAPE CORAL FL 33904  
TITLE  DELETE  
NAME VST BEAVERSON, NANCY  
STREET ADDRESS 2610 SE 20TH PL 3614 S.E. 21st Ave.  
CITY-ST-ZIP CAPE CORAL FL 33904  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 attachment with an address, with all other like empowered.

SIGNATURE: Nancy B. Beaverson, Secretary  
Date: 3/29/99 (941) 542-4390  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

0444423  
CR2F034.111(98)