FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J60354** **(4)**

1. Corporation Name

TIMELESS DESIGNS, INC.

Principal Place of Business	Mailing Address
12 W. ORANGE ST. TARPON SPRINGS FL 34689 US	~~2058 NORTH HARBOR WATCH~~ Delete 12 W. ORANGE ST. TARPON SPRINGS FL 34689 US

3. Date Incorporated Or Qualified: **03/05/1987**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 | County 30

4. FEI Number: **59-2776471** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HARMS, DONNA L.
2058 N. PT. ALEXIS DR.
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name: BEVERLY C HAMMONDS
82 Street Address (P.O. Box Number is Not Acceptable): 12 W ORANGE ST
83
84 City: TARPON SPRINGS **FL** 85 Zip Code: 34689

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Beverly C Hammonds 4-3-96
Signature of New Registered Agent (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☒ DELETE	1-1 TITLE	☐ Change ☐ Addition
NAME	HARMS, DONNA L.		1-2 NAME	
STREET ADDRESS	2058 N PT ALEXIS		1-3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL		1-4 CITY-ST-ZIP	
TITLE	STV	☐ DELETE	2-1 TITLE	☐ Change ☐ Addition
NAME	HAMMONDS, BEVERLY C.		2-2 NAME	
STREET ADDRESS	~~2058 N PT ALEXIS~~ 12 W. Orange St.		2-3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL		2-4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3-1 TITLE	☐ Change ☐ Addition
NAME	HAMMONDS, BEVERLY C.		3-2 NAME	
STREET ADDRESS	~~2058 N PT ALEXIS~~		3-3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL		3-4 CITY-ST-ZIP	
TITLE		☐ DELETE	4-1 TITLE	☐ Change ☐ Addition
NAME			4-2 NAME	
STREET ADDRESS			4-3 STREET ADDRESS	
CITY-ST-ZIP			4-4 CITY-ST-ZIP	
TITLE		☐ DELETE	5-1 TITLE	☐ Change ☐ Addition
NAME			5-2 NAME	
STREET ADDRESS			5-3 STREET ADDRESS	
CITY-ST-ZIP			5-4 CITY-ST-ZIP	
TITLE		☐ DELETE	6-1 TITLE	☐ Change ☐ Addition
NAME			6-2 NAME	
STREET ADDRESS			6-3 STREET ADDRESS	
CITY-ST-ZIP			6-4 CITY-ST-ZIP	

200001772542
-04/08/96--01053--023
***200.00

CR2E034 (12/95)

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)(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 added to this report.

SIGNATURE: Beverly Hammonds 3-26-96 (813) 938-0143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

4-8-96 pm