

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

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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90173 004 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **J69600**

1. Corporation Name
CARLIN'S SUNBURST FASHIONS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: % MICHAEL D. CARLIN, 6265 GULF BLVD, ST. PETERSBURG FL 33706
 Mailing Address: % MICHAEL D. CARLIN, 6265 GULF BLVD, ST. PETERSBURG FL 33706

3. Date Incorporated or Qualified: **04/24/1987**
 4. FEI Number: **59-2801575**
 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

2. Principal Place of Business: **13799 PARK BLVD**, Suite, Apt. #, etc. **125**, City & State **SEMINOLE, FL**, Zip **33776**, Country **FLORIDA**
 2a. Mailing Address: **PO Box 66925**, Suite, Apt. #, etc. **ST. PETE BCH**, City & State **33736**, Country **Pinellas**

9. Name and Address of Current Registered Agent
CARLIN, MICHAEL D.
6265 GULF BLVD
ST. PETERSBURG FL 33706

10. Name and Address of New Registered Agent
 81 Name: **CARLIN, MICHAEL D**
 82 Street Address (P.O. Box Number is Not Acceptable): **13799 PARK BLVD #125**
 83
 84 City: **SEMINOLE** **FL** 85 Zip Code: **33776**

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: M. D. CARLIN (NOTE: Registered Agent signature required when reinstating) DATE: 4-20-99

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARLIN, MICHAEL D.	
STREET ADDRESS	6265 GULF BLVD	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CARLIN, MICHAEL D.	
1.3 STREET ADDRESS	13799 PARK BLVD. #125	
1.4 CITY-ST-ZIP	SEMINOLE FL 33775	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] DATE: 4-20-99

CR2E034 (11/98)