SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

NAME

STREET ADDRESS CITY-ST-ZIP

appears in Block 12

FILED AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) Sep 03 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # J98003 (3)BRIDAL CREATIONS BY J & E, INC. Principal Place of Business Mailing Address 5919 TROUBLE CREEK RD. 5919 TROUBLE CREEK RD. SUITE 3 SUITE 3 DO NOT WRITE IN THIS SPACE **NEW PORT RICHEY FL 34852 NEW PORT RICHEY FL 34652** 3. Date Incorporated or Qualified 3a. Date of Last Report 10/19/1987 06/04/1996 2. Principal Place of Business 2a. Mailing Address Applied For FEI Number 59-2850374 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zıp Country Z(p)8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ROCK, DANIEL P. 1 EAST MAIN STREET 82 Street Address (P.O. Box Number is Not Acceptable) **NEW PORT RICHEY FL** 83 84 City Zip Code 85 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when relivitating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (4/97 DLLETE Change Addition TITLE 1.1 TOUE RACHMIEL, JOAN NAME 1.2 NAME 4550 ACKERMAN ST. STREET ADDRESS 1.3 STREET ADDRESS **NEW PORT RICHEY FL** CITY-ST-ZIP 14 CHY - \$1 - ZIP DELETE Change Addition TITLE 2.1 TrILE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-\$1-ZIP DELETE Addition TITLE 3.1 THLE Change 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 City-St-ZiP DELETE Addition TITLE 4.1 10116 NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(TY - ST - Z)P DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change DELETE Addition TITLE 6 1 THLE

> 6.2 NAME 6.3 STREET ADDRESS

14. I do 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 be an officer or director of the corporation or the receiver or trustee empowered to execute this report is required by

or Block 13 if changed, or on an attachment with an address.

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the same legal effect as if made under oath; that . Florida Statutes; and that my name