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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90011 018 ***150.00

Katherine Harris

Secretary of State. DIVISION OF CORPORATIONS

DOCUMENT # K02475 1. Corporation Name

EJ'S BAGS & RAGS, INC.

						BEBAN DIBLE BABAN BABAN BABAN AND AND AND AND AND AND AND AND AND A
Principal Place of Business Mailing Address						
C/O EILEEN CARR C/O EILEEN CARR						
9358 AQUA VISTA BLVD		9358 AQUA VISTA BLVD				
BOYNTON BCH FL 33437		BOYNTON BCH FL 33437			DO NOT WRITE IN THIS SPACE	
US US					3. Date Incorporated or Qualifed	
					11/15/1987	
2. Principal Place of Business	2a.	Mailing Address	* *		4. FEI Number	Applied For
21 26					65-0014487	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		<u> </u>			3. Certificate of Chalco Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		8			Trust Fund Contribution	Added to Fees
Zip Cour	ntry	Zip Country		try	8. This corporation owes the current year	ntangible
24 25	29		30		Personal Property Tax.	☐ Yes ☐ No
- · <u> </u>	Iress of Current Regis	tered Agent	· · · · · · · · · · · · · · · · · · ·		10. Name and Address of New Registere	d Agent
				31 Name		
CARR, EILEEN			L			
9358 AQUA VISTA BLVD			1	32 Street Add	ress (P.O. Box Number is Not Acceptable)	
BOYNTON BCH FL 33437			-	33	**************************************	131 1 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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	•		·	34 City		85 Zip Code
ووروه مراجعه				<u> </u>		<u>L</u>
11. Pursuant to the provisions of S	ections 607.0502 and 6	07.1508, Florida Statu	tes, the about	ove-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as registered
SO agent: I am familiar with, and a	ccept the obligations of	Section 607.0505, Fk	orida Statut	es.	on's board of directors. I hereby accept the app	
SIGNATURE						
Signature, typed or printed n	arme of registered agent and title	if applicable. (NOT	E: Registered A	gent signature require	ed when reinstating) DATE	
12	OFFICERS AND DIRE	CTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE PST		☐ DELETE	1,1 TITL	E	Spirit Hall Commencer	☐ Change ☐ Addition
NAME CARR, EILEEN			1.2 NAM	E		
STREET ADDRESS 9358 AQUA VIST	A BLVD	•	1.3 STR	EET ADDRESS		
POVAITON POL				-ST-ZIP		
TITLE VD		DELETE	2.1 TITL		ν,	☐ Change ☐ Addition
OADD FUEEN		_	2.2 NAN			
TORO ACUIA VICT	A DIVID					,
				EET ADDRESS		
CITY-ST-ZIP BOYNTON BCH	FL '	Constr		Y-ST-ZIP		Change Addition
TIME CASE F FF		☐ DELETE	3.1 TITL	1		
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CITY-ST-ZIP	· .		3.4. CIT	Y-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CIT 4.1 TITL			☐ Change ☐ Addition
	•	☐ DELETE		E		☐ Change ☐ 'Addition
NAME CONTACTOR	•	☐ DELETE	4.1 TITL 4. 2 NA	E		☐ Change ☐ 'Addition
TITLE NAME SIZE AND STREET PADORESS	•	DELETE	4.1 TITL 4. 2 NA 4.3 STR	E ME EET ADDRESS		☐ Change ☐ 'Addition
TITLE NAME CLEEN'S STREE PADDRESS CITY-ST ZIR	•	en e	4.1 TITL 4.2 NA 4.3 STR 4.4 CIT	E ME EET ADDRESS (-ST-ZIP		☐ Change ☐ Addition ☐ Change ☐ Addition
MANE SEEM STREETADDRESS CITY ST ZIP		☐ DELETE	4.1 TITL 4.2 NAI 4.3 STR 4.4 CIT 5.1 TITL	E ME EET ADDRESS (-ST-ZIP E		
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TITLE NAME STREET ADDRESS CITY-ST-ZIR TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ DELETE	4.1 TITL 4.2 NA 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAA 5.3 STR 5.4 CIT 6.1 TITL 6.2 NAA	E ME EET ADDRESS /-ST-ZIP E EET ADDRESS /-ST-ZIP EET ADDRESS /-ST-ZIP E		☐ Change ☐ Addition

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS