

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**APPROVED AND FILED**

95 JUL -3 AM 9:00

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # K51997 (0)**

1. Corporation Name  
**FASHIONS "N" MORE OF PORT CHARLOTTE, INC.**

Principal Place of Business: **9920 CALOOSA YACHT & RACQUET CLUB DR FT MYERS FL 33919 US**  
 Mailing Address: **9920 CALOOSA YACHT & RACQUET CLUB DR FT MYERS FL 33919 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/16/1988</b>	3a. Date of Last Report <b>02/28/1994</b>
4. FEI Number <b>65-0069971</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for exchange fee under s. 199.029, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business State, Apt #, etc.	22. Mailing Address State, Apt #, etc.
23. City & State	24. City & State
25. Zip	26. Zip

9. Name and Address of Current Registered Agent <b>CARNEY, LEE F JR 10823 TAMAM TR N STE G NAPLES FL 33963</b>	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. City 84. City <b>FL</b> 85. Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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: \_\_\_\_\_ (Type Name of Registered Agent and Title) \_\_\_\_\_ (Type Name of Agent Accepting Appointment and Title)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PO</b>	NAME <b>BEAVERSON, DENNIS</b>	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>9920 CALOOSA YACHT &amp; RACQUET CLUB DR</b>	CITY, ST, ZIP <b>FT. MYERS FL</b>	12. NAME	
TITLE <b>VST</b>	NAME <b>BEAVERSON, NANCY</b>	13. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>9920 CALOOSA YACHT &amp; RACQUET CLUB DR</b>	CITY, ST, ZIP <b>FT. MYERS FL</b>	14. CITY, ST, ZIP	
TITLE	NAME	15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	16. NAME	
CITY, ST, ZIP	CITY, ST, ZIP	17. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	18. CITY, ST, ZIP	
STREET ADDRESS	STREET ADDRESS	19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	CITY, ST, ZIP	20. NAME	
TITLE	NAME	21. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	22. CITY, ST, ZIP	
CITY, ST, ZIP	CITY, ST, ZIP	23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	24. NAME	
STREET ADDRESS	STREET ADDRESS	25. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	CITY, ST, ZIP	26. CITY, ST, ZIP	

14. I, the undersigned, certify that the information provided with this filing is completely true and correct and qualify for the exemptions stated in Sections 110 (7)(b) Florida Statutes. I further certify that the information provided on this annual report or supplemental annual report is true and correct and that my resignation shall have the same legal effect as if made under oath. That I am an officer or director of the corporation and have been empowered to execute this report as required by Chapter 607, Florida Statutes, and that my resignation appears in Block 13.

SIGNATURE: *Nancy R. BeaverSON* SECRETARY 6/27/95 (813) 481-0249  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)