


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

FILED  
Apr 02, 1999 8:00 am  
Secretary of State

04-02-1999 90007 043 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K51997**

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



Principal Place of Business <del>2610 SE 20TH PL</del> <b>3614 S.E. 21ST Ave.</b> CAPE CORAL FL 33904 US	Mailing Address <b>3614 S.E. 21ST Ave.</b> <del>2610 SE 20TH PL</del> CAPE CORAL FL 33904 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3614 S.E. 21ST Ave.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>3614 S.E. 21ST Ave.</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>12/16/1988</b>	4. FEI Number <b>65-0089971</b>	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
23 <b>Cape Coral, FL</b> City & State	28 <b>Cape Coral, FL</b> City & State	24 <b>33904</b> 25 Zip Country	29 <b>33904</b> 30 Zip Country	

9. Name and Address of Current Registered Agent

**CARNEY, LEE F JR**  
10823 TAMAMI TR N  
STE G  
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>BEAVERSON, DENNIS</b>	
STREET ADDRESS	<del>2610 SE 20TH PL</del> <b>3614 S.E. 21ST Ave.</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	<b>BEAVERSON, NANCY</b>	
STREET ADDRESS	<del>2610 SE 20TH PL</del> <b>3614 S.E. 21ST Ave.</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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: Nancy K. Beaverson 3/29/99 Date (941) 542-4390 Daytime Phone #

CR2E034 (11/98)