

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **K54506**

1. Corporation Name

NAOMI'S BRIDAL AND FORMAL WEAR, INC.

Principal Place of Business

3161 W. OAKLAND PARK BLVD.
LAUDERDALE LAKES FL 33311

Mailing Address

3161 W. OAKLAND PARK BLVD.
LAUDERDALE LAKES FL 33311

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Zip

25

Country

26

Country

27

30

9. Name and Address of Current Registered Agent

EID, NAOMI
3161 W. OAKLAND PARK BLVD.
LAUDERDALE LAKES FL 33311

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 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

EID, NAOMI
(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

7-20-92

12. OFFICERS AND DIRECTORS

| | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|----------------|--------------------------|---|--------------------|---|
| TITLE | D | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EID, NAOMI | | 1.2 NAME | |
| STREET ADDRESS | 3161 W. OAKLAND PARK BLV | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAUDERDALE LAKES FL | | 1.4 CITY-ST-ZIP | |
| TITLE | D | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EID, MIKE | | 2.2 NAME | |
| STREET ADDRESS | 3161 W. OAKLAND PARK BLV | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAUDERDALE LAKES FL | | 2.4 CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 3.2 NAME | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 4.2 NAME | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 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.

SIGNATURE: *EID, NAOMI*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0063775

FILED
Aug 05, 1999 8:00 am
Secretary of State

08-05-1999 90005 005 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1988

4. FEI Number

65-0097126

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

7. This corporation owes the current year

Intangible Personal Property.

Yes No

10. Name and Address of New Registered Agent

CR2E034 (5/99)

K54506
KATTOURA & ASSOCIATES, INC.
ACCOUNTING, BOOKKEEPING & TAX SERVICES

601382-90005-5

One S. Ocean Blvd. #212
Boca Raton, FL 33432
TEL: (561) 362-0491

P.O. Box 728
Boca Raton, FL 33429
FAX: (561) 394-5134

National Society of Tax Professional

July 27, 1999

Secretary of State
Division of Corporation
Tallahassee, FL 32399

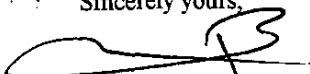
Dear Sirs,

Please find enclosed the Annual report for Naomi's Bridal & Formal Wear Inc. Along with a check in the amount of \$150.00 for the filing fees. The corporation has never received the first notice for renewal. So please accept this as the filing.

Thank you for your cooperation in this matter.

Please send return the certificate and articles to the address above.

Sincerely yours,


Andre K. Kattoura