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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

(8)

FANCY FLAMINGO, INC. #1

FILED Apr 09 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					T TODADILI DII I EBBAT BARAN BOLDA I TODDE RIER DIDIA DIER	I BURIJ DJOH BIJ		
670 HWY 98	870 HWY							
STE E-31	STE E-31				DO NOT INDITE IN THIS	00405		
DESTIN FL 32541 US	DESTIN FL 32541 US				DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE		
					03/23/1989			
2. Principal Place of Business	2a. Mailing Address				4. FEI Number	TA	pplied For	
21	26				59-3052264	 	ot Applicable	
Suite, Apt #, etc.	Suite, Apt. #, etc.				Certificate of Status Desired	·	Additional	
City & State	City & Chata						lequired	
⊢ , ·	City & State				6. Election Campaign Financing Trust Fund Contribution		May Be	
Zip Country	Zip	Cou	intry		8. This corporation owes or has paid the cu		to Fees	
24 25	29	30				_	☐ No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
HUDSON, CAROLYN			81	Name				
870 HWY 98			82	Street Addres	ss (P.O. Box Number is Not Acceptable)			
STE E-31			83					
DESTIN FL 32541			ျိ					
			84	City	FL	65 Zip	Code	
11. Pursuant to the provisions of Sections 607.0502 an	d 607.1508, Florida Statute	s, the al	bove	-named corpo	ration submits this statement for the nurnose o	f changing	its reaistered	
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.							registered	
SIGNATURE		· rou otal	0,00	•				
Signature, typed or printed name of registered agent acc		~	d Ager	nt signature required				
12. OFFICERS AND DI	RECTORS DELETE	13. 1.1 Ti	71.5	 	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12 Addition	
NAME HUDSON, PAIGE		1.1 II				LT CHANGE	T WORKINGS	
STREET ADDRESS 78 SUNDISH ST				ADDRESS				
CITY-ST-ZIP DESTIN F			TY-ST					
TITLE STE	☐ DELFTE	2.1 TO				Change	Addition	
NAME HUDSON, CAROLYN		2.2 N/	AME					
STREET ADDRESS 91 SHIRAH STREET		2.3 ST	REET A	ADDRESS				
CITY-ST-ZIP DESTIN FL			ITY - S	T - ZIP	· · · · · · · · · · · · · · · · · · ·			
TITLE	DELETE	3.1 TI				L Change	☐ Addition	
NAME STREET ADDRESS		3.2 N/		I DDDCCC				
CITY-ST-ZIP			ITY-SI	ADDRESS				
TITLE	DELETE	4.1 TF		1-217		Change	Addition	
NAME		4.2 N	AME					
STREET ADDRESS		4.3 ST	REET A	ADDRESS				
CITY-ST-ZIP		4.4 CI	TY-ST	- ZIP			***************************************	
TITLE	☐ DELETE	5.1 TF				☐ Change	☐ Addition	
NAME		5.2 N/						
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP TITLE	DELETE	5.4 Cf 6.1 Til		- ZIP		Change	Addition	
NAME	[_] occur	6.2 NA				Onange	L. NOVINOII	
STREET ADDRESS				ADDAESS	i			
CITY-ST-ZIP		6.4 Cf						

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 armual 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: