**FILE NOW: FILING FEE AFTER MAY 1 IS $550.00**

FILED
Mar 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # **K99995** **(8)**

1. Corporation Name
**SUSAN FARIS DESIGNS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1323 22ND ST N.<br>STE B<br>ST. PETERSBURG FL 33713<br>US | 1323 22ND ST N.<br>STE B<br>ST. PETERSBURG FL 33713-5844<br>US |

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 475 Central Avenue | 26 475 central Avenue |
| Suite, Apt. #, etc.<br>22 Suite M-5 | Suite, Apt. #, etc.<br>27 Suite M-5 |
| City & State<br>23 St. Petersburg, FL | City & State<br>28 St. Petersburg, FL |
| Zip / Country<br>24 33701 / 25 Pinellas | Zip / Country<br>29 33701 / 30 Pinellas |

3. Date Incorporated or Qualified: 07/05/1989
3a. Date of Last Report: 04/08/1996
4. FEI Number: 95-4080352 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**FARIS, SUSAN**
**1323 22ND ST N. STE B**
**ST. PETERSBURG FL 33713**

10. Name and Address of New Registered Agent

81 Name: Susan Faris
82 Street Address (P.O. Box Number is Not Acceptable): 475 Central Avenue
83: Suite M-5
84 City: St. Petersburg **FL** 85 Zip Code: 33701

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: (Signature, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D ☐ DELETE | 1.1 TITLE | ☒ Change ☐ Addition |
| NAME | FARIS, SUSAN | 1.2 NAME | Faris, Susan |
| STREET ADDRESS | 1323 22ND ST. N. STE B | 1.3 STREET ADDRESS | 475 Central Avenue Suite M-5 |
| CITY-ST-ZIP | ST. PETERSBURG FL | 1.4 CITY-ST-ZIP | St. Petersburg, FL 33701 |
| TITLE | D ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | FARIS, EVELYN | 2.2 NAME | |
| STREET ADDRESS | 4409 NOGALES DR. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TARZANA CA | 2.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

CR2E034 (9/96)

14. I do 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:** Susan Faris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0378445