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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00216

(6)

ALTERATIONS BY JULIE, INC.

4451 NW 8TH STREET

COCONUT CREEK FL 33066

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

FILED

May 08 1997 8:00am

Secretary of State

Principal Place o	of Business	Mailing Address				
5431 W ATLANTIC MARGATE FL 330	BLVD	5436 W. ATLANTIC BLVD MARGATE FL 33083-5215 US				
		*.		3. Date Incorporated or Qualified 07/06/1989	3s. Date of Last Report 05/01/1996	
2. Principal Plac	e of Business	2a. Mailing Addres	is	4. FEI Number	Applied For	
21		26		65-0132388	Not Applicable	
Suite, Apt. #,	etc.	Suite, Apt. #, e	tc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Cily & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ζιρ 24	Country 25	Ζιρ 29	Country 30	8. This corporation has liability for i	intangible tax under s. 199.032, Yes \[\] No	
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Re	glatered Agent	
ASHW	ORTH, JULIE		61 Name			

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.

83

City

SIGNATURE So, our types to proved ease of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS	Registated Agent signature required when reinstating) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TOLE 1	P DELETE	1.1 TITLE	☐ Change ☐ Addition				
NAME	ASHWORTH, JULIE	1.2 NAME					
STREET ADDRESS	4451 NW 8TH STREET	1.3 STREET ADDRESS	· ·				
CITY-ST-ZIP	COCONUT CREEK FL	1,4 CITY-ST-ZIP	· ·				
tatt	DELETE	21 TITLE	Change Addition				
NAMÉ		2.2 NAME					
STREET AUDRESS		23 STREET ADDRESS					
CITY - ST - ZIP		2.4 CITY - ST - ZIP	,				
Title	DELETE	3.1 TITLE	☐ Change ☐ Addition				
NAMÉ	•	3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS	·				
CITY - S1 - ZIP		3 4. CITY - ST - ZIP					
Tifle	☐ DELETE	4.1 TITLE	Change Addition				
NAME		4. 2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CHTY+ST-ZIP	·	44 CITY-ST-ZIP					
TITLE	☐ DELETE	5.1 TITLE	Change Addition				
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CHTY - \$1 - ZIP		54 City-St-ZIP					
1'TLF	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition				
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CHTY - ST - ZIF	the state of the s	64 CITY-ST-ZIP	10.03/03/05				

4. 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 frue 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 frustee 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:

ATURE AND TYPED ON PHINTED NAME OF STANKE OF

H A A A

0146753

Zip Code