


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).

**FILED**  
**Jul 15, 1999 8:00 am**  
**Secretary of State**

07-15-1999 90005 007 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L03526</b> 1. Corporation Name <b>AMERICANA BATH &amp; SUPPLIES, INC.</b>			
Principal Place of Business <b>4047 OKEECHOBEE BLVD W. PALM BEACH FL 33409</b>		Mailing Address <b>4047 OKEECHOBEE BLVD W. PALM BEACH FL 33409</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent <b>SIMINOVITCH, ELSIE 4047 OKEECHOBEE BLVD. W. PALM BEACH FL 33409</b>		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP [DELETE]		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP [Change] [Addition]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP [DELETE]		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP [Change] [Addition]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP [DELETE]		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP [Change] [Addition]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP [DELETE]		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP [Change] [Addition]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP [DELETE]		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP [Change] [Addition]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP [DELETE]		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP [Change] [Addition]	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/19/1989</b>	
4. FEI Number <b>65-0123672</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	

CR2E034 (5/99)

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588623-90005-7  
LD3526

**ABS**

**Americana Bath & Supply**

Habitat Design Center  
4047 Okeechobee Blvd.  
West PBeach, FL 33409  
561-471-9950 561-471-9637 Fax  
[www.absbath.com](http://www.absbath.com) [ambath@aol.com](mailto:ambath@aol.com)

7/1/99

**Florida Department of State**

Dear Sirs:

We received a second notice on our 1999 Corporation taxes. The check for \$150.00 was cut and mailed out April 26, 1999. A copy of the check stub is enclosed.

When we called to inquire about handling this situation, I was advised to explain in letterform and submit letter with payment We have stopped payment on Check Number 13438 and we are replacing it with Check Number 13601.

We thank you in advance for your assistance in this matter.

Sincerely,



**Bernie Simin**  
**Americana Bath & Supply**

cc: File