

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L23708 (5)

1. Corporation Name

THE FASHION FAIR OF JACKSONVILLE, INC.

Principal Place of Business

% GLORIA L. SCOTT
6305 ROMILLY DR
JACKSONVILLE FL 32210

Mailing Address

% GLORIA L. SCOTT
6305 ROMILLY DR
JACKSONVILLE FL 32210

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

SCOTT, GLORIA L.
6305 ROMILLY DR
JACKSONVILLE FL 32210

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, typed or printed name of registered agent and not applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1. SCOTT, GLORIA L.
6305 ROMILLY DR
JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2. ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3. ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4. ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5. ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6. ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP
5. ☐ Change ☐ Addition

6. TITLE
7. NAME
8. STREET ADDRESS
9. CITY-ST-ZIP
10. ☐ Change ☐ Addition

11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP
15. ☐ Change ☐ Addition

16. TITLE
17. NAME
18. STREET ADDRESS
19. CITY-ST-ZIP
20. ☐ Change ☐ Addition

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP
25. ☐ Change ☐ Addition

26. TITLE
27. NAME
28. STREET ADDRESS
29. CITY-ST-ZIP
30. ☐ Change ☐ Addition

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP
35. ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Gloria L. Scott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96
Date

(904) 398-7400
Daytime Phone #

CR2E034 (12/95)