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 # L61732

(8)

WOMEN'S FINE TAILORING, INC.

Principal Place of Business Mailing Address PATTY LEWIS 1599 10TH AVENUE. STE B VERO BEACH FL 32960 WEND BEACH FL 32960 Mailing Address PATTY LEWIS 1692 40TH AVE			6231			
US				3. Date Incorporated or Qualified 03/26/1990	3a. Date of Last Report 05/21/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26 1599 10	ora Avenue	59-3000818	Not Applicable	
Suite, Ap1. #, etc.		Suite, Apt. #, etc. 27 B		6. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip Zip	Country	28 Vero Beau	Country	Trust Fund Contribution 8. This corporation has liability for	Added to Fees	
24	25	29 32960	30		Yes No	
	. Name and Address of Co			10. Name and Address of New Re		
VERO I	BEACH FL 32960		83 84 City		85 Zip Code	
office or regis agent. I am fa SIGNATURE	stered agent, or both, in the s amiliar with, and accept the c	State of Florida Such change was obligations of, Section 607,0505, I	s authorized by the corpora Torida Statutes.	poration submits this statement for the patients board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered	
	ature, typed or printed hame of register		OTE: Registered Agent signature requ		DATE	
TITLE D		S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition	
	EWIS, PATTY	E > ptitett	1.2 NAME		Change C Audition	
	603 10TH AVE		1.3 STREET ADDRESS			
	ERO BEACH FL		1.4 CITY-ST-7IP			
TITLE D		7 cum	21 HILE		Change Addition	
	ay, sunny	• •	2.2 NAME			
	054 BREWSTER ST #10		2.3 \$1REF1 ADDRESS			
	T PAUL MN		2. 4 CITY - ST - 718			
TITLE		DELETE	317005		Change Addition	

CITY-ST-ZIP 14. 1do 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 logal effect as if made under eath; 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 13 if changed, or on an attachment with an address.

3 1 1111.1

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELF16

3.3 STREET ADDRESS

43 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

4.4 CiTY+ST-ZiP

3.4. CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-SI-ZIP

CITY-ST-ZIP

778-4062

Change

Change

Change

Change

Addition

Addition

Addition

Addition

FILED

May 12 1997 8:00am

Secretary of State