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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # 1 7074



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90010 020 ***150.00

1. Corporation	ISSY CAT BOUTIQUE FRANC	CHISING CORPORATION	N							
Principal Place	e of Business	Mailing Address				i indiiteir die ekste etere en	140 FB\$1 01811 110		1 4 11 = 1 = 1 1 1 = 1	
% EDWARD SHARP 2699 STIRLING RD #B-206 FT LAUDERDALE FL 33312		% EDWARD SHARP 2699 STIRLING RD #B-206 FT LAUDERDALE FL 33312				DO NOT WRITE IN THIS SPACE				
					Γ	3. Date Incorporated or Qualifed				
		1 - A4 W A 11				06/08/1990 4. FEI Number			olied For	
—	lace of Business	2a. Mailing Address				65-0215985	•		Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.						\$8.75 A		
22	n, 0.0.	27			[5. Certifcate of Status Desired		Fee Re		
City & State	e	City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution		Added to	Fees	
Zip	Country	Zip	Cour	ntry		8. This corporation owes the curr				
24	25	29 30	0			Personal Property Tax.		T	□No	
	9. Name and Address of Current	Registered Agent		81 Name	1	10. Name and Address of New F	Registered A	gent		
6UH	IAIN, RONALD D			Name						
	STIRLING RD			82 Street Ad		(P.O. Box Number is Not Accepta	able)			
	E B-206		-	83						
	AUDERDALE FL 33312			55						
	NODERDALE 12 00012			84 City			FL	85 Zip C	ode	
44 Dissertant	to the provisions of Sections 607.0502	and 607 1508 Florida Statutes	the ab		ornora	tion submits this statement for the		hanging its	registered	
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was authons of, Section 607.0505, Florid	horized a Statu	by the corpo tes.	ration's	board of directors. I hereby accept	ot the appoint	tment as reg	jistered	
									l.	
SIGNATURE		ALOTE D		4 et ajanatura m	aufrad uda	an rainstatina)	DATE		 \ .	
	Signature, typed or printed name of registered egent			Agent signature re	quired wh		DATE FICERS AND	DIRECTO	RS IN 12	
12.	OFFICERS AND		13.		quired wh	en reinstating) ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12	
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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 or aged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

IGNATURE REPORT DESCHAIN

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16/99 (9.5)962-06/ Date (9.5)962-06/