5-19-97 B-7487 C.

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May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # M74446 (9)

1. Corporation Name
FACETS ETC., INC.

Principal Place of Business	Mailing Address
5831 BRIGMAN AVENUE **WIMAUMA FL 33598**	**5831 BRIGMAN AVENUE** **WIMAUMA FL 33598-3211**

3. Date Incorporated or Qualified: **03/28/1988**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21: 111-A S. Bradford Ave
22: Suite, Apt. #, etc.
23: City & State: Tampa, FL
24: Zip: 33609
25: Country: USA

2a. Mailing Address
26: 111-A S. Bradford Ave
27: Suite, Apt. #, etc.
28: City & State: Tampa, FL
29: Zip: 33609
30: Country: USA

4. FEI Number: **65-0050364** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRIGMAN, ELICE
5831 BRIGMAN AVENUE
WIMAUMA FL 33597

10. Name and Address of New Registered Agent

81 Name: Stephanie B. Jordan
82 Street Address (P.O. Box Number is Not Acceptable): 749 Fortuna Dr.
83:
84 City: Brandon **FL** 85 Zip Code: 33511

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: Stephanie B. Jordan
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRIGMAN, ELICE 5831 BRIGMAN AVE WIMAUMA FL	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Secretary/Treasurer MARLIN Brigman 5831 Brigman Ave Wimauma, FL 33598	☐ 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	PRESIDENT Stephanie B. Jordan 749 Fortuna Dr. Brandon, FL 33511	☐ 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	VICE PRESIDENT SAL CUOMO 14040 Ellesmere Dr. TAMPA, FL 33624	☐ 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

CR2E034 (9/96)

14. 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 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.

Stephanie B. Jordan