

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90245 032 \*\*\*\*70.00

**DOCUMENT # N03000004021**

1. Entity Name

FASHION SHOWCASE, INC.



Principal Place of Business

11111 BISCAYNE BLVD STE 1204  
NORTH MIAMI FL 33161

Mailing Address

11111 BISCAYNE BLVD STE 1204  
NORTH MIAMI FL 33161

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

EIN# 16-161280000



MOORE

CR2E037 (11/03)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANSCHER, LAUREN  
11111 BISCAYNE BLVD STE 1204  
NORTH MIAMI FL 33161

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ANSCHER, LAUREN ☐ Delete  
NAME  
STREET ADDRESS 11111 BISCAYNE BLVD STE 1204  
CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE D GOEDDE, KIMBERLY ☐ Delete  
NAME  
STREET ADDRESS 468 NE 206 LANE #209 ~~E 1204~~  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE D GORDON, JOHN ☐ Delete  
NAME  
STREET ADDRESS 11111 BISCAYNE BLVD ~~STE 1204~~  
CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D Patricia O'Reilly (M.) ☐ Change ☒ Addition  
NAME  
STREET ADDRESS 6660 Biscayne Blvd., 2nd Fl  
CITY-ST-ZIP Miami, FL 33138

TITLE D Jane St. Lawrence ☐ Change ☒ Addition  
NAME  
STREET ADDRESS 1471 NE 108 Street  
CITY-ST-ZIP Miami, FL 33161

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25 2004  
Date Daytime Phone #