


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 23 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000001204 (5)
 1. Corporation Name
FRIENDS OF THE STYLEMARCHERS, INC.



Principal Place of Business 1201 EGLIN PARKWAY SHALIMAR FL 32579	Mailing Address 1201 EGLIN PARKWAY SHALIMAR FL 32579
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3. Date Incorporated or Qualified 03/13/1995	
4. FEI Number NOT APPLICABLE	Applied For Not Applicable

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**FLEET, H. BART
1201 EGLIN PARKWAY
SHALIMAR FL 32579**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	SD
NAME	HEMMER, ALLEN R.	1.2 NAME	MCALLISTER, RAY H.
STREET ADDRESS	22 MAPLE AVE.	1.3 STREET ADDRESS	140 COUNTRY CLUB DRIVE
CITY-ST-ZIP	SHALIMAR FL	1.4 CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE	D	2.1 TITLE	D
NAME	PATRICK, JEFFERY C.	2.2 NAME	HYDER, JEFF
STREET ADDRESS	200 DEVON COURT	2.3 STREET ADDRESS	236 YACHT CLUB DRIVE
CITY-ST-ZIP	FT. WALTON BCH FL	2.4 CITY-ST-ZIP	FT. WALTON BCH., FL 32548
TITLE	D	3.1 TITLE	D
NAME	CONNER, TRACY W.	3.2 NAME	NELSON, RANDY
STREET ADDRESS	200 RACETRACK RD.	3.3 STREET ADDRESS	2114 WILDERNESS PATH
CITY-ST-ZIP	FORT WALTON BEACH FL	3.4 CITY-ST-ZIP	FT. WALTON BCH., FL 32547
TITLE	PD	4.1 TITLE	D
NAME	FLEET, H. BART	4.2 NAME	BOUNDS, RICHARD G.
STREET ADDRESS	1201 EGLIN PARKWAY	4.3 STREET ADDRESS	4 BAYSHORE DRIVE
CITY-ST-ZIP	SHALIMAR FL	4.4 CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE	D	5.1 TITLE	
NAME	STEARNS, ALLEN	5.2 NAME	
STREET ADDRESS	908 MIDDLE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	KENT, BARBARA	6.2 NAME	
STREET ADDRESS	648 MERIONETH DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL	6.4 CITY-ST-ZIP	

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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Allen R. Hemmer* **ALLEN R. HEMMER** Feb 6 98 HOME (850) 651-0926 WORK (850) 882-2864

CP2E037 (10/97)