

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Lester B. Whitman
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

MAY 13 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000000847 (3)**

FASHIONS BY ZELDA INC.

Principal Office Location

1976 NE 5TH AVE
BOCA RATON FL 33431
US

Mail Stop Location

1976 NE 5TH AVE
BOCA RATON FL 33431
US

DO NOT WRITE IN THIS SPACE

3. Date first established or changed 10/26/1992	3a. Date of Last Report 08/05/1994
4. FIC Number 65-0372313	Applied For ☐ Not Applicable
5. Certificate of Status Lettered ☐	\$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. 190.032 Florida Statutes ☐ Yes ☐ No	

2. Previous Filing Information	2a. Month, Year
21. ☐	26. ☐
22. ☐	27. ☐
23. ☐	28. ☐
24. ☐	29. ☐
25. ☐	30. ☐

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DOLNEY, GERALDINE 1976 N.E. 5TH AVE BOCA RATON FL 33431		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 190.031 and 190.032, Florida Statutes, the above named corporation certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. If no change was authorized by this corporation's board of directors, I hereby accept the appointment as registered agent. I am familiar with and understand the provisions of Sections 190.031 and 190.032, Florida Statutes.

SIGNATURE: *Geraldine Dolney*

5/13/95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
OFFICER	NAME	NAME	☐ Change ☐ Addition
NAME	DOLNEY, GERALDINE	NAME	
STREET ADDRESS	10784 BOCA WOODS LN	STREET ADDRESS	
CITY	BOCA RATON FL 33428	CITY	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	☐ Change ☐ Addition

14. I, the undersigned, certify that the information reported on this report is true and correct, and that I am duly qualified to sign this report. I am duly qualified to sign this report because I am a resident of the State of Florida and I am a member of the board of directors of the corporation. I am familiar with and understand the provisions of Sections 190.031 and 190.032, Florida Statutes, and I am authorized to sign this report on behalf of the corporation.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/95 (407) 38-127