

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000015110 (8)

1. Corporation Name
AN ELEGANT AFFAIR, INC.

Principal Place of Business
226 N.W. 152 LANE
PEMBROKE PINES FL 33028
US

Mailing Address
226 N.W. 152 LANE
PEMBROKE PINES FL 33028
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/22/1993

| | | | | | | | |
|--------------------------------|--|---------------------|--|-----------------------------------------------------------------------------------------------------|--|----------------------------------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | Applied For | |
| 21 | | 26 | | 65-0394733 | | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 22 | | 27 | | 6. Election Campaign Financing | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| City & State | | City & State | | Trust Fund Contribution | | <input type="checkbox"/> | |
| 23 | | 28 | | 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 | |
| Zip | | Country | | Zip | | Country | |
| 24 | | 25 | | 29 | | 30 | |

9. Name and Address of Current Registered Agent

TIRONE, ROSINA
17011 NW 20 ST
PEMBROKE PINES FL 33028

10. Name and Address of New Registered Agent

| | |
|----|----------------------------------------------------|
| 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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

| | | | |
|-----|----------------|-------------------|---------------------------------|
| 12. | TITLE | VSD | <input type="checkbox"/> DELETE |
| | NAME | MORGAN, CURTISS | |
| | STREET ADDRESS | 226 N.W. 152 LANE | |
| | CITY-ST-ZIP | PEMBROKE PINES FL | |
| | TITLE | PTD | <input type="checkbox"/> DELETE |
| | NAME | MORGAN, JENNIFER | |
| | STREET ADDRESS | 226 N.W. 152 LANE | |
| | CITY-ST-ZIP | PEMBROKE PINES FL | |
| | TITLE | | <input type="checkbox"/> DELETE |
| | NAME | | |
| | STREET ADDRESS | | |
| | CITY-ST-ZIP | | |
| | TITLE | | <input type="checkbox"/> DELETE |
| | NAME | | |
| | STREET ADDRESS | | |
| | CITY-ST-ZIP | | |
| | TITLE | | <input type="checkbox"/> DELETE |
| | NAME | | |
| | STREET ADDRESS | | |
| | CITY-ST-ZIP | | |

| | | |
|-----|---------------------------------------------------|-------------------------------------------------------------------|
| 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.1 | TITLE | |
| 1.2 | NAME | |
| 1.3 | STREET ADDRESS | |
| 1.4 | CITY-ST-ZIP | |
| 2.1 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 | NAME | |
| 2.3 | STREET ADDRESS | |
| 2.4 | CITY-ST-ZIP | |
| 3.1 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 | NAME | |
| 3.3 | STREET ADDRESS | |
| 3.4 | CITY-ST-ZIP | |
| 4.1 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 | NAME | |
| 4.3 | STREET ADDRESS | |
| 4.4 | CITY-ST-ZIP | |
| 5.1 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 | NAME | |
| 5.3 | STREET ADDRESS | |
| 5.4 | CITY-ST-ZIP | |
| 6.1 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 | NAME | |
| 6.3 | STREET ADDRESS | |
| 6.4 | CITY-ST-ZIP | |

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 changed, or on an attachment with an address.

SIGNATURE: JENNIFER MORGAN 4/20/98 (954) 704-0874

CR2E034 (10/97)