

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

FILED

Feb 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000018849 (8)

1. Corporation Name
MYRA'S FASHION HANDBAGS, INC.



Principal Place of Business 1875-D SOUTH PATRICK DR. INDIAN HARBOUR BEACH FL 32937	Mailing Address 1875-D SOUTH PATRICK DR. INDIAN HARBOUR BEACH FL 32937-4330 404
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3. Date Incorporated or Qualified 03/12/1993	3a. Date of Last Report 02/22/1996
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2. Principal Place of Business 21 404A BREVARD AVE Suite, Apt. #, etc.	2a. Mailing Address 26 404A BREVARD AVE Suite, Apt. #, etc.	4. FEI Number 59-3168493	Applied For Not Applicable
22 City & State Cocoa FL	27 City & State Cocoa FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip 32922	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 32922	25 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DYER, DAVID W 2200 SOUTH FRONT ST. MELBOURNE FL 32901		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBERG, MYRA	1.2 NAME	<i>Myra Rosenberg</i>
STREET ADDRESS	1875-D SOUTH PATRICK DR.	1.3 STREET ADDRESS	<i>404A Brevard Ave</i>
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	1.4 CITY-ST-ZIP	<i>Cocoa, FL 32922</i>
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNOW, KAY	2.2 NAME	<i>Kay Snow</i>
STREET ADDRESS	1875-D SOUTH PATRICK DR.	2.3 STREET ADDRESS	<i>404A Brevard Ave</i>
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	2.4 CITY-ST-ZIP	<i>Cocoa, FL 32922</i>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	300002092743
STREET ADDRESS		6.3 STREET ADDRESS	-02/20/97--01010--009
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***165.00

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.

SIGNATURE: *Myra Rosenberg* **MYRA ROSENBERG** 2/12/97 407 631-3327
 SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #