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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000035739 (0)

FILED Apr 14 1998 8:00am Secretary of State

LADY	LABELLE, INC.						
Principal Place of Business Mailing Address						. [[]]]	#
1569 S HIGHLAND AVENUE 1569 S HIGHE			JE				
CLEARWATE	R FL 34616	CLEARWATER FL 34616	CLEARWATER FL 34616		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	IS SPACE	
					05/14/1993		
2. Principal F	Place of Business	2a. Mailing Address	• ••		4. FEI Number	I Ar	oplied For
21		26			59-3 1865 16		of Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75		
22		27			y. Solvindalo di Giales Desired	Fee Re	··· · · · · · · · · · · · · · · · · ·
City & State		City & State		6. Election Campaign Financing	\$5.00		
Zip	Country	7(0)	Countr		Trust Fund Contribution	Added (
24 337	56 25	10000000	30	,	 This corporation owes or has paid the Personal Property Tax due June 30. 		langiblo No
<u> </u>	9, Name and Address of Currer	and the second section of the second	30		10. Name and Address of New Registere		
Si	JLLIVAN, C A		81	Name			****
311 S MISSOURI AVENUE				Circol Actal	iress (P.O. Box Number is Not Acceptable)		
	EARWATER FL 34616		82	Street Add	ress (F.O. box Number is Not Acceptable)		
			83				
			84	City		les l Zio (Cado
					F		2.5 Ø 1
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the obligations of registered agents are of registered age.				poration submits this statement for the purpose tion's board of directors. I hereby accept the a		registered
12.	OFFICERS AN		13.	on signature region	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		PC INI 12
TITLE	D	☐ DELETE	1.1 TITLE		ADDITION OF WHALE TO GITTION A	Change	Addition
NAME	HAZELTON, CHERYL L			ļ			
STREET ADDRESS	1940 ALGONQUIN DRIVE		1.3 STREE	ADDRESS			
DITY-ST-ZIP	CLEARWATER FL		1.4 CHY-5	ST - ZIP			
TALE	VP	☐ DELETE	2 1 TITLE		!	☐ Change	Addition
NAME	HAZELTON, KENNETH		2.2 NAME		: 7		
STREET ADORESS	1940 ALGONQUIN DRIVE		23 STREET	ADDRESS	•		
CITY-ST-ZIP	CLEARWATER FL		2 4 CITY-	S1 - ZIP	4 4		
TITLE		☐ DELETE	31 TITLE		41 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET				
CITY-ST-ZIP TITLE			3 4. CITY -	ST-ZIP		0	4.4400
			4.1 TITLE			Change	☐ Addition
NAME STREET ADDRESS			4.2 NAME	*********			
			4.3 STREET	- 1			ŀ
CITY-ST-ZIP TITLE		DLLFTE	4.4 City-S 5.1 Title	1 - 7IP		Change	Addition
NAME		U VILLE	5.1 HILT			Change Change	LI ROUNION
STREET ADDRESS			5.2 NAME 5.3 STREET	ADDRESS			
CITY-\$1-ZiP			5.4 CITY - S				
TITLE			6.1 TillE	1-711		Change	Addi*
NAME		· · ·	6.2 NAME			— 2.102.180	
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY - S				

14. Thereby certify that the information supplied with this fiting 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 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 Block 13 if chapter, or on an attaching at with an address.