FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000038000 (4)**

1. Corporation Name

ANOTHER DIMENSION CONSIGNMENT BOUTIQUE, INC.

Principal Place of Business	Mailing Address
2312 W. WATERS AVENUE #5 TAMPA FL 33604 US	2312 W. WATERS AVENUE #5 TAMPA FL 33604 US

3. Date Incorporated or Qualified: 05/21/1993
3a. Date of Last Report: 08/16/1995

2. Principal Place of Business
21: 1812 W WATERS AVE
22: Suite, Apt #, etc.
23: City & State: TAMPA FL
24: Zip: 33604
25: Country: Hills

2a. Mailing Address
26: 1812 W. WATERS AVE
27: Suite, Apt #, etc.
28: City & State: TAMPA FL
29: Zip: 33604
30: Country: Hills

4. FEI Number: ~~59-0400018~~ 59-338-2673 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~BURDEN, BRIAN A~~
~~215 W. VERNE ST.~~
~~SUITE D~~
~~TAMPA FL 33606~~

10. Name and Address of New Registered Agent

81 Name: LORAYNNE M. GAY
82 Street Address (P.O. Box Number is Not Acceptable): 7704 KINARD RD.
83:
84 City: PLANT CITY FL 85 Zip Code: 33564

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: Loraynne Gay — DATE: 5/6/96
(Must be typed or printed name of registered agent and title if agent is a corporation.) (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CANALES, DEBORAH M		1.2 NAME		
STREET ADDRESS	6913 N. BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33604		1.4 CITY-ST-ZIP		
TITLE	PT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GAY, LORAYNNE M		2.2 NAME		
STREET ADDRESS	7704 KINARD RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33564		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Loraynne Gay — 5/6/96 — 813-935-7150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE NUMBER

CR2E034 (12/95)