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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 28 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000040216 (2)

GLADYS' SPARKLE PLENTY, INC.

21 Suite, Apt. #, etc Suite, Apt. #, etc City & State City & State  28 Country 29 Country 29 Country 29 Suite, Apt. # etc. 29 Suite, Apt. # etc. 29 Suite, Apt. #, etc. 29 Suite, Apt. #, etc. 28 State City & State 28 State Country 29 Suite, Apt. #, etc. 29 Suite, Apt. #, etc. 29 State City & State Country 20 Country 21 Suite, Apt. #, etc. 28 State City & State Country 29 Suite, Apt. #, etc. City & State City & State Country Country Country Country Suite, Apt. #, etc. Status Desired	Report splied For lot Applicable Additional lequired May Be I to Fees
### BOCA RATON FL 33429-1198  3. Date Incorporated or Qualified   3a. Date of Last   06/07/1993   04/10/1996   04/10/1998	applied For lot Applicable Additional lequired May Be to Fees
2. Principal Place of Business   26. Mailing Address   4. FEI Number   A Suite, Apil. #, etc   Suite, Apil. #,	applied For lot Applicable Additional lequired May Be to Fees
Suite, Apt. #, etc.  Site of Status Desired   \$8.75   Fee F City & State   \$10   Status Fund Contribution   Added   \$8.75   Fee F City & State   \$10   Suite, Apt. #, etc.  Site of Status Desired   \$8.75   Fee F City & State   \$10   Suite, Apt. #, etc.  Site of Status Desired   \$8.75   Fee F City & State   \$10   Suite, Apt. #, etc.  Site of Status Desired   \$8.75   Fee F City & State   \$10   Suite, Apt. #, etc.  Site of Status Desired   \$8.75   Fee F City & State   \$10   Suite, Apt. #, etc.  Site of Status Desired   \$8.75   Fee F City & State   \$10   Suite, Apt. #, etc.  Site of Status Desired   \$8.75   Fee F City & State   \$10   Suite, Apt. #, etc.  Site of Status Desired   \$10   Sui	lot Applicable Additional lequired May Be to Fees
Suite, Apt. #, etc.    Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     City & State     Trust Fund Contribution     Trust Fund Contribution     Added Trust Fund Contribu	Additional lequired May Be to Fees
City & State  Reject and Contribution  Added  Trust Fund Contribution  Added  Added  Added  Added  Added  Added  Trust Fund Contribution  Added  Country  8. This corporation has liability for intangible jax under Florida Statutes  Yes \$\frac{1}{2} \text{No} \text{No} \text{ No Name and Address of New Registered/Agent}  WHITT, BIANKLADYS  950 NW 53 ST.  POMPANO BEACH FL 33064  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  PL 85 Zip  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 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 agent 1 am familiar with, and accept the obligations of. Section 607 0505, Florida Statutes.  SIGNATURE Signature by editing protect frame of the displaceble (NOTE Registered Agent segment of the when renetating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  WHITT, BIANKLADYS  950 NW 53 ST  13 STREET ADDRESS  950 NW 53 ST	lequired May Be to Fees
Trust Fund Contribution Added  Zip Country Zip Country B. This corporation has liability for intangible jax under Florida Statutes Provided Statutes Provide	to Fees
Zip Country . Zip Country . B. This corporation has liability for intangible jax under Florida Statutes . Yes Living Statutes . Yes	
9. Name and Address of Current Registered Agent  WHITT, BIANKLADYS 950 NW 53 ST. POMPANO BEACH FL 33064  81 Name 82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City  FL 85 Zip  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 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 agent I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes.  SIGNATURE  Signature tysed or protect agent and the displicable (NOTE Registered Agent signature required when renstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  TILLE  D	
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950 NW 53 ST. POMPANO BEACH FL 33064  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City   FL   85 Zip   85 Zip   86 City   FL   85 Zip   87 City   FL   88 Zip   88 Zip   89 City   FL   89 Zip   89 Zip   80 Zip   80 Zip   80 Zip   80 Zip   81 Zip   82 Street Address (P.O. Box Number is Not Acceptable)  83 Zip   84 City   FL   85 Zip   85 Zip   86 Zip   87 Zip   88 Zip   89 Zip   80 Zip   80 Zip   80 Zip   80 Zip   81 Zip   82 Street Address (P.O. Box Number is Not Acceptable) 85 Zip   86 Zip   86 Zip   86 Zip   87 Zip   88 Zip   89 Zip   80 Zip   80 Zip   80 Zip   80 Zip   81 Zip   82 Street Address (P.O. Box Number is Not Acceptable) 85 Zip   86 Zip   86 Zip   87 Zip   88 Zip   89 Zip   80 Zip   81 Zip   82 Street Address (P.O. Box Number is Not Acceptable) 82 Zip   83 Zip   84 City   85 Zip   86 Zip   86 Zip   87 Zip   87 Zip   88 Zip   88 Zip   88 Zip	
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12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  TITLE  D  WHITT, BIANKLADYS  STREET ADDRESS  950 NW 53 ST  1.3 STREET ADDRESS  SIGNATURE OF registered Agent eignature required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  L1 TITLE  1.2 NAME  1.3 STREET ADDRESS	s registered
12. OFFICERS AND DIRECTORS  TITLE  O  INAMIL  NAMIL  STREET ADDRESS  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  In Title  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.3 STREET ADDRESS	
TITLE D DELETE 1.1 TITLE Change  NAMIL WHITT, BIANKLADYS 1.2 NAME  STREET ADDRESS 950 NW 53 ST 1.3 STREET ADDRESS	RS IN 12
STREET ADDRESS  950 NW 53 ST  1.3 STREET ADDRESS	Addition
DOMBANO BOLL FL BOOM	
CITY-ST-ZIP POMPANO BCH. FL 33064	
TATIL OF ALL	
TIFLE 2.1 TIFLE 2.1 TIFLE	Addition
NAME 2.2 NAME	
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THILE DELETE 3.1 TITLE Change	Addition
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NAME  4.2 NAME  STREET ADDRESS  4.3 STREET ADDRESS	
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NAME 62 NAME	Addition
SYREET ADDRESS 6.3 STREET ADDRESS	☐ Addition
CITY-ST-ZIP 64 CITY-ST-ZIP	☐ Addition
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 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 un	_