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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 25 1998 8:00am

Secretary of State

CR2E034

694-4141

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**1998** DOCUMENT # P93000041024 (9) MY BEST FRIEND'S CLOSET, INC. Principal Place of Business Mailing Address 7181 COLLEGE PKWY 7181 COLLEGE PKWY SUITE 22 SUITE 22 DO NOT WRITE IN THIS SPACE FORT MYERS FL 33907 FORT MYERS FL 33907 3. Date Incorporated or Qualified 06/03/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For Not Applicable 21 26 65-0413055 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zip This corporation owes or has paid the current year Intangible 30 Yes ☐ No 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent GREENBLATT, ERIC 7181 COLEGE PKWY Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 22 63 FT MYERS FL 33907 84 City 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) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13, DELETE Change Addition TITLE POTC 1.1 TITLE **GREENBLATT, PATRICIA** NAME 1.2 NAME **6058 LAKE GRASMERE WAY** STREET ADDRESS 1.3 STREET ADDRESS FT MYERS FL 33908 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME GREENBLATT, PATRICIA 2.2 NAME 6058 LAKE GRASMERE WAY STREET ADDRESS 2.3 STREET ADDRESS FT MYERS FL 33908 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE GREENBLATT, ERIC 3.2 NAME **6058 LAKE GRASMERE WAY** STREET ADDRESS 3.3 STREET ADDRESS FT MYERS FL 33908 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

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.

6.4 CITY - ST - ZIP

Frir Greenblatt 2/2/08