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

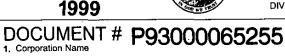
PROFIT , CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## · Katherine Harris

Secretary of State DIVISION OF CORPORATIONS



DANA'S TOUCH BOUTIQUE, INC.

## FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90174 048 \*\*\*150.00



	· /								. <b></b>
Principal Place of Business Mailing Address					,	)		• • • • • • • • • • • • • • • • • • • •	
790 GULFVIEW CLEARWATER F		790 GULFVIEW BLVD SOUTH CLEARWATER FL 34630							
						•	DO NOT WRITE IN THE	S SPACE	
						3. Date Incom 09/15/19	orated or Qualifed 93		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Numbe			Applied For
21	<u> </u>	26				59-31997	736		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5 Certifcate o	f Status Desired		5 Additional
22		27						Fee	Required
City & State	9	City & State				1	mpaign Financing		00 May Be
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country			1 *	ation owes the current year I		□No
24	25	29	30			Personal Property Tax. Yes No  10. Name and Address of New Registered Agent			
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and	Address of New Keylstere	u Agent	
KOT	YLAK, DANA			٠.,			· · · · · · · · · · · · · · · · · · ·		
	13TH ST	•		82	Street Addres	ss (P.O. Box Nur	nber is Not Acceptable)		
•	EAIR BEACH FL 33786		}	83	<del></del>				
	Dan De Corre Coo. Co			03		٠.			
		•	•	84	City		· , F	85 Z	Zip Code
11 Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	utes, the ab	OOVE	a-named corpor	ration submits thi	s statement for the purpose	of changing	its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was	authorized	by 1	the corporation	n's board of direc	lors. I hereby accept the app	ointment a	s registered
SIGNATURE		· · · · · · · · · · · · · · · · · · ·					DATE		
	Signature, typed or printed name of registered age	ent and title if applicable. (NOT ND DIRECTORS		Agent	t signature required w		CHANGES TO OFFICERS A	ND DIREC	CTORS IN 12
12.	P	DELETE	13.	1 F		ADDITIONS	CHANGES TO OFFICERO	Char	
	, Kotlak, dana		1.2 NA					_	
NAME	119 13TH ST	•			T ADDRESS		· ·		
DELLEMB BOLLE					<u> </u>				
CITY-ST-ZIP	BECEENIN BOTT TE	☐ DELETE -	1.4 CIT 2.1 TIT		1-21			Char	nge Addition
TITLE			2.2 NA		1	•	•	_	
NAME					ADDRESS		•		
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CITY-ST-ZIP		☐ DELETE	3.1 TIT				<u> </u>	☐ Char	nge Addition
NAME		<u> </u>	3.2 NA			•		_	
STREET ADDRESS	,				T ADDRESS				
CITY-ST-ZIP	; ;		3.4. CI	-					
TITLE		☐ DELETE	4.1 TIT					Char	nge 🗌 Addition
NAME .		•	4. 2 NA	WE.			*		
STREET ADDRESS			4.3 ST	REET	ADDRESS	•			[
CITY-ST-ZIP			4.4 CIT	ry-st	T-ZIP		•		•
TITLE		☐ DELETE	5.1 πτ					☐ Char	nge Addition
NAME	• •		5.2 NA	ME					· ]
STREET ADORESS			5.3 ST	REET	T ADDRESS				ļ
CITY-ST-ZIP			5.4 CR	TY-S7	T-ZIP				}
TITLE		☐ DELETE	6.1 TIT	LE		· · · · · · · · · · · · · · · · · · ·		☐ Char	nge 🔲 Addition
NAME ,	THE LOCAL BURNSHIP OF THE SERVICE SET		6.2 NA	ME					
STREET ADDRESS	Lieu Barrier and San San		6.3 ST	REET	TADDRESS	•			
, ,	G to the second								ì

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, with all other like empowered.

SIGNATURE: