SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P94000001645 (8)**

1. Corporation Name

MILLIE CLAIRE LTD., INC.

Principal Place of Business
1100 6TH AVE. S.
#8
NAPLES FL 33940

Mailing Address
P.O. BOX 355
NAPLES FL 33939

3. Date Incorporated or Qualified: **01/06/1994**
3a. Date of Last Report: **12/14/1995**

2. Principal Place of Business
21 1188 3rd St South
Suite, Apt #, etc 22
City & State 23 Naples Florida
Zip 24 33940 Country 25 USA

2a. Mailing Address
26 P.O. Box 355
Suite, Apt #, etc 27
City & State 28 Naples, Florida
Zip 29 34106-0355 Country 30 USA

4. FEI Number ~~64047986~~ 65-0457986 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
MURRAY, CHARLES A PA
1300 THIRD ST. S.
SUITE 302-B
NAPLES FL 33940

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	OLSEN, MILDRED G	1.2 NAME	
STREET ADDRESS	6900 DENNIS CIR. #106	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33942	1.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	OLSEN, DOUGLAS B	2.2 NAME	
STREET ADDRESS	379 DOVER PLACE #604	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33942	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PEARL, SUSAN	3.2 NAME	
STREET ADDRESS	430 2ND AVE. S.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940	3.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PLSEN, ROY H	4.2 NAME	
STREET ADDRESS	6900 DENNIS CIR. 3106	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33942	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	Philip V. Lindquist	5.2 NAME	
STREET ADDRESS	379 Dover Place #604	5.3 STREET ADDRESS	
CITY-ST-ZIP	Naples Fl. 33942	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	Bank deposit # 78846 $225.00

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Philip Lindquist Director Philip Lindquist 7-5-96 941 643 0233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # (D) 8/12/96

CR2E034 (3/96)