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Sep 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

1188 3RD ST SOUTH
NAPLES FL 33940
US

Mailing Address

PO BOX 355
NAPLES FL 34106-0355
US

3. Date Incorporated or Qualified

01/06/1994

3a. Date of Last Report

08/05/1996

4. FEI Number

64047986

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

TITLE ☐ DELETE
NAME P OLSEN, MILDRED G
STREET ADDRESS 6900 DENNIS CIR. #108
CITY-ST-ZIP NAPLES FL 33942

TITLE ☐ DELETE
NAME T OLSEN, DOUGLAS B
STREET ADDRESS 379 DOVER PLACE #604
CITY-ST-ZIP NAPLES FL 33942

TITLE ☐ DELETE
NAME D PEARL, SUSAN
STREET ADDRESS 430 2ND AVE. S.
CITY-ST-ZIP NAPLES FL 33940

TITLE ☐ DELETE
NAME S OLSEN, ROY H
STREET ADDRESS 6900 DENNIS CIR. 3108
CITY-ST-ZIP NAPLES FL 33942

TITLE ☐ DELETE
NAME D LINDQUIST, PHILIP V
STREET ADDRESS 379 DOVER PLACE #604
CITY-ST-ZIP NAPLES FL 33942

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME Olsen, Roy H
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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

[Signature]

9/15/97 9416430401

CR2E034 (9/96)