

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


APPROVED
AND
FILED

98 APR 17 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998		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 US
--	---

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/06/1994	
21		26		4. FEI Number 65-0457986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For	
22		27		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OLSEN, ROY H			4.2 NAME			
STREET ADDRESS	6900 DENNIS CIR. 3106			4.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LINDQUIST, PHILIP V			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		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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, unchanged or on an attachment with an address.

SIGNATURE _____ DEP \$150.00 4-2-98 941 11/3/23

CR2E034 (10/97)