

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000003477 (4)

1. Corporation Name

CINDERELLA'S CLOSET, INC.



Principal Place of Business

2525 AURORA ROAD
#103
MELBOURNE FL 32935
US

Mailing Address

2525 AURORA ROAD
#103
MELBOURNE FL 32935
US

3. Date Incorporated or Qualified
01/07/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~WRONG address~~
BLACKBURN, RALPH E.
2484 LONGWOOD BLVD.
MELBOURNE FL 32935
REBECCA L. BLACKBURN
2484 LONGWOOD BOULEVARD
MELBOURNE, FLORIDA 32934

81 Name RALPH E. BLACKBURN
82 Street Address (P.O. Box Number is Not Acceptable) 2484 Longwood Blvd.
83
84 City MELBOURNE FL 85 32934

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 RALPH E. BLACKBURN

Ralph E. Blackburn PRES.

7-18-96

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	DVS	<input type="checkbox"/> DELETE
NAME	BLACKBURN, RALPH E.	
STREET ADDRESS	2484 LONGWOOD BLVD.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLACKBURN, REBECCA L	
STREET ADDRESS	2484 LONGWOOD BLVD.	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RALPH E. BLACKBURN	
1.3 STREET ADDRESS	2484 LONGWOOD BLVD	
1.4 CITY-ST-ZIP	MELBOURNE, FL- 32934	
2.1 TITLE	DVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	REBECCA L BLACKBURN	
2.3 STREET ADDRESS	2484 Longwood Blvd	
2.4 CITY-ST-ZIP	MELBOURNE, FL- 32934	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ralph E. Blackburn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-96 (407)
867-7912
Date Daytime Phone

CR2E034 (12/95)