## 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

## 1999 DOCUMENT # P94000014357 1. Corporation Name LADY BLUE, INC.

## FILED Mar 04, 1999 8:00 am **Secretary of State**

03-04-1999 90181 019 \*\*\*150.00



Principal Place of Business	Mailing Address				
735 NW 123 AVENUE MIAMI F: 33182	735 NW 123 AVENUE MIAMI F: 33182		DO NOT WRITE IN THIS	SPACE	
			3. Date Incorporated or Qualifed 02/21/1994		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	26		65-0473272	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75-Additional Fee Required	
City & State ,	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country	Zip (30)	Country	This corporation owes the current year Int Personal Property Tax.	angible □Yes □No	
9 Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
AUSTIN, RICHARD B		81 Name			
8390 NW 53 STREET		82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
SUITE 300		83			
MIAMI FL 33182		84 City	FL	85 Zip Code	
<ol> <li>Pursuant to the provisions of Sections 607.0         office or registered agent, or both, in the Stagent. I am familiar with, and accept the object.</li> </ol>	ate of Florida. Such change was authori	zed by the corporati	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	changing its registered ntment as registered	

SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 12. Addition ☐ Change □ DELETE 1.1 TITLE TITLE BREWER, LINDA 1.2 NAME NAME 735 NW 123 AVE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 C/TY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ Change Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition ☐ DELETE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

3052208330

CR2E034 (11/98)