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

PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000021457 (4)

KILLER BEADS AND EVERYTHING ELSE YOU NEED, INC.

Principal Place of Business

Mailing Address

FILED May 01 1998 8:00am Secretary of State



14600 FRONT BEACH ROAD PANAMA CITY BEACH FL 32413 2. Principal Place of Business 21 Suite, Apt. #, etc. 22		2a. Mailing Add 26 Suite, Apt. 27	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/17/1994 4. FEI Number Applied For 59-3242004 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State	9	City & State)			6. Election Campaign Financing Trust Fund Contribution		O May Be
23 Zip 24	Country 25	28 Zip 29		Country 30	· · · · · · · · · · · · · · · · · · ·	This corporation owes or has paid the Personal Property Tax due June 30.	current year Yes	d to Fees Intangible No
	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New Register	ed Agent	
	LAUGHLIN, CHRISTINE L							
	100 FRONT BEACH RD. NAMA CITY BEACH FL 32413			82	Street Ad	ldress (P.O. Box Number is Not Acceptable)		
170	WWW OILL DUNOILL DETIG			83	<u> </u>			
				84	City		0E 7:	p Code
				04	City	F	FL 85 Zi	p C008
agent. I a	m familiar with, and accept the obli- Signature, typed or protect name of registered a	gations of Section 60	7.0505, Flo	rida Statute	s.	ration's board of directors. I hereby accept the squired when reinstating) DAT ADDITIONS OF LANCES TO DESIGNED.	E	
TITLE	D		DELETE	1.1 TUTLE		ADDITIONS/CHANGES TO OFFICERS A	Change	
NAME STREET ADDRESS CITY-ST-ZIP	MCLAUGHLIN, CHRISTINE L 14600 FRONT BEACH RD. PANAMA CITY BEACH FL 3:	2413		1.2 NAME 1.3 STREET 1.4 City-5	ļ.			
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NAME				22 NAME				
STREET ADDRESS				2 3 STREET				
CITY-ST-ZIP TITLE			DELETE	2. 4 CITY- 3.1 TITLE	51 - 245		Change	Addition
NAME			=	3.2 NAME				
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP				3.4. CITY-	ST-ZIP	·		
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MAME		<u>.</u>		5.2 NAME		•	onange	· Control i
STREET ADDRESS				5.3 STREET	ADDRESS			
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TITLE			DELETE	6.1 TITLE			Change	Addition
NAME	i F			6.2 NAME				
STREET ADDRESS				6.3 STREE1	ADDRESS			
CITY-ST-ZIP				6.4 CITY - S	ST-ZIP	•		,

Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 changing on an alternment with in any