

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000024256 (7)

1. Corporation Name

ALETHIA'S YOUNIQUELY YOU BRIDAL BOUTIQUE & ALTER
ATIONS, INC.



Principal Place of Business

10916 ATLANTIC BLVD
SUITE 11
JACKSONVILLE FL 32225

Mailing Address

10916 ATLANTIC BLVD
SUITE 11
JACKSONVILLE FL 32225

3. Date Incorporated or Qualified
03/25/1994

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 10916 ATLANTIC BLVD.

26 10916 ATLANTIC BLVD.

22 Suite, Apt. #, etc.
11#

27 Suite, Apt. #, etc.
SUITE 11#

23 JACKSONVILLE, FL.

28 JACKSONVILLE, FL.

24 32225 25 DUAL

29 32225 30 DUAL

4. FEI Number
59-3229747

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

9. Name and Address of Current Registered Agent

NATHAN, ALETHIA
10456 GREENMORE DR.
SUITE 11
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

SAME

83

SAME

84 City

SAME

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

ALETHIA M. NATHAN

2-29-96

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HENRY NATHAN
STREET ADDRESS 10456 GREENMORE DR.
CITY - ST - ZIP JACKSONVILLE FL

☐ DELETE

TITLE TD
NAME ALETHIA NATHAN
STREET ADDRESS 10456 GREENMORE DR.
CITY - ST - ZIP JACKSONVILLE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

SIGNATURE: HENRY NATHAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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.

2-29-96 904-646-5934

DATE DAYTIME PHONE

CR2E034 (12/95)