

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandia R. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000028888 (3)

1. Corporation Name

FLIRT FASHIONS OF FLORIDA, INC.



Principal Place of Business

**4287 N. ATLANTIC AVE.
SUITE 200
COCOA BEACH FL 32931**

Mailing Address

**4287 N. ATLANTIC AVE.
SUITE 200
COCOA BEACH FL 32931**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**DRESSLER, DONNA
110 DIXIE LANE
COCOA BEACH FL 32931**

3. Date Incorporated or Qualified

04/14/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3257402

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

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

Signature of person submitting this report (must be typed or printed)

(If the filer is a corporation, the signature must be that of the president or chief executive officer)

Date

12. OFFICERS AND DIRECTORS

TITLE	PST	☐ DELETE
NAME	ABLES, RONALD A	
STREET ADDRESS	4287 N. ATLANTIC AVE., SUITE 200	
CITY-STATE-ZIP	COCOA BEACH FL 32931	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V.P. - DIRECTOR	☐ Change ☒ Addition
1.2 NAME	THIERRY BRUNSWIG	
1.3 STREET ADDRESS	200 BALD CYPRESS CT	
1.4 CITY-STATE-ZIP	LONGWOOD FL 32779	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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)(c), 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:

THIERRY BRUNSWIG

Typed or printed name of signing officer or director

3/17/96

Date

407 7833714

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