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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000028888** (3)

FLIRT FASHIONS OF FLORIDA, INC.

FILED Apr 17 1997 8:00am Secretary of State

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Principal Piac 4267 N, ATLAN SUITE 200 COCOA BEACH		Mailing Address 4287 N. ATLANTIC AVE. SUITE 200 COCOA BEACH FL 32931-3511			1 JUDRIUGUI HIQ MAINI QURLI QBRIX OFINI DQINI BANKE HIDDY URUUI HAINI ADIUL IGAA HADI					
					3. Date Incorporated or Qualified 3a. Date 04/14/1994 03/		3a. Date 03/21	Date of Last Report /21/1996		
2. Principal F 21	lace of Business	24. Mailing Address 26				4. Fet Number 59-3257402			No	oplied For of Applicable
Suite, Apt.	#, e(c.	Suite, Apt. #, etc.				5. Certificate of Status Des	ired		\$8.75 / Fee Re	
City & Stat	te	City & State				6. Election Campaign Finar Trust Fund Contribution	ncing		\$5.00 Added	
Zip	Country	Zıp		ountry	1	8. This corporation has liab				. 199.032,
4	25	29	30		····	Florida Statutes		Yes 🔣		·····
	9. Name and Address of Curre	nt Registered Agent		81	Ni	10. Name and Address of	New Regi	stered Ag	ent	
	SSLER, DONNA			81	Name					
	DIXIE LANE			82	Street Ac	ldress (P.O. Box Number is Not A	cceptable	9)		
COC	COA BEACH FL 32931		•	83	<u> </u>					
				000					•	
				84	City			FL	85 Zip i	Code
agent 1 a SIGNATURE	to the provisions of Sections 607.05 registered agent, or both, in the Stational familiar with, and accept the obligation of the following of the section of	gations of, Section 607.0505	, Florida S	tatute: ered Age	S	quired when reinstating) ADDITIONS/CHANGES T		DATE		
TILE	PST OFFICERS AS	DELETE		TITLE		ADDITIONS/CHANGES II	O OFFICE		Change	Additio
NAME	ABLES, RONALD A	ענונונ		NAME					_ Change	L Nodike
STREET ADDRESS	4287 N. ATLANTIC AVE., SUI	TE 200			ADDRESS					
GHY-SI-7IP	COCOA BEACH FL 32931		1	CITY-S	1					
Mil	VPD	☐ DELETE		TITLE	,,-2,,				Change	Additio
NAME	BRUMCHWING, THIERY			NAME				_		
STREET ACIDRESS	200 BALD CYPRESS CT		1		ADDRESS					
City-St-74°	LONGWOOD FL			4 CITY-						
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I do 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 receipt or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

1R4 BRUNSCHWIG 4/12/97 4077833714