

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR -4 AM 10:25

DOCUMENT # **P94000029577 (1)**

1. Corporation Name

**GLORIA'S FASHION EXCHANGE OF SARASOTA, INC.**

Principal Place of Business

Mailing Address

3556 CLARK ROAD  
SPACE 122  
SARASOTA FL 34231

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SPACE 122  
SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Qualified

3a. Date of Last Report

04/18/1994

4. FEI Number

59-0433261

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

21. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Signature

25. Date

29. Signature

30. Date

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PUGLIESE, GLORIA  
5536 COLONIAL OAKS BOULEVARD  
SARASOTA FL 34232

81. Name

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

83. City

84. State

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, typed or printed name of registered agent and title if applicable

(SEE Instructions) Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D  
NAME: GLORIA PUGLIESE  
STREET ADDRESS: 5536 COLONIAL OAKS BLVD  
CITY-ST-ZIP: SARASOTA FL 34232

11. TITLE  Change  Addition  
12. NAME  
13. STREET ADDRESS  
14. CITY-ST-ZIP

TITLE: D  
NAME: FRANK PUGLIESE  
STREET ADDRESS: 5536 COLONIAL OAKS BLVD  
CITY-ST-ZIP: SARASOTA FL 34232

21. TITLE  Change  Addition  
22. NAME  
23. STREET ADDRESS  
24. CITY-ST-ZIP

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

31. TITLE  Change  Addition  
32. NAME  
33. STREET ADDRESS  
34. CITY-ST-ZIP

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

41. TITLE  Change  Addition  
42. NAME  
43. STREET ADDRESS  
44. CITY-ST-ZIP

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

51. TITLE  Change  Addition  
52. NAME  
53. STREET ADDRESS  
54. CITY-ST-ZIP

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

61. TITLE  Change  Addition  
62. NAME  
63. STREET ADDRESS  
64. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and claim not qualify for the exemption stated in Section 190.07(3)(b), 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. 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 of this report, or as an attachment with an address.

SIGNATURE:

*Gloria Pugliese*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-95  
DATE

(Date) (Time)