

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

FILED

Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000033469 (5)

1. Corporation Name:
MISS CHIEF, INC.



Principal Place of Business
24790 LAKEMONT COVE LANE
#102
BONITA SPRINGS FL 33923

Mailing Address
24790 LAKEMONT COVE LANE
#102
BONITA SPRINGS FL 34134-2917

3. Date Incorporated or Qualified
05/03/1994

3a. Date of Last Report
03/21/1996

2. Principal Place of Business
21 24654 Canary Island Ct #101

2a. Mailing Address
26 24654 Canary Island Ct #101

4. FEI Number
65-0489265

Applied For
Not Applicable

Suite, Apt. #, etc.
22 #101

Suite, Apt. #, etc.
27 #101

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State
23 Bonita Springs, FL

City & State
28 Bonita Springs, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip
24 34134-2917

Country

Zip
29 34134-2970

Country
30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDWARDS, KATHLEEN J
24790 LAKEMONT COVE LANE
#102
BONITA SPRINGS FL 33923

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
24654 Canary Island Ct. #101

83

84 City
Bonita Springs, FL FL

85 Zip Code
34134

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	EDWARDS, KATHLEEN J	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	24654 Canary Island Ct. #101
	24790 LAKEMONT COVE LANE #102		Bonita Springs, FL 34134
	BONITA SPRINGS FL 3392		
<input type="checkbox"/> DELETE		2.1 TITLE	2.2 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
<input type="checkbox"/> DELETE			
		3.1 TITLE	3.2 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
<input type="checkbox"/> DELETE			
		4.1 TITLE	4.2 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
<input type="checkbox"/> DELETE			
		5.1 TITLE	5.2 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
<input type="checkbox"/> DELETE			
		6.1 TITLE	6.2 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

14. 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 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: Kathleen Edwards 1/25/97 591-4747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)