## FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

**PROFIT CORPORATION ANNUAL REPORT 1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # P94000048788**

1. Corporation Name

**THE CASHMERE SHOP INC.**

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 236 SOUTH OCEAN BLVD. MANALAPAN FL 33462 US | 236 SOUTH OCEAN BLVD MANALOPAN FL 33462 US |

**3. Date Incorporated or Qualifed**
**06/27/1994**

**4. FEI Number**
**65-0502620**

App ied For
Not Applicable

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | County 25 | Zip 29 | Country 30 |

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**

SAMELE, SALLY A
240 RIVER PARK DRIVE
JUPITER FL 33477

**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. 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. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. | OFFICERS AND DIRECTORS | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---|---|---|---|---|
| TITLE | P | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | SAMELE, SALLY A | | 1.2 NAME | |
| STREET ADDRESS | 240 RIVER PARK DR. | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | JUPITER FL | | 1.4 CITY-ST-ZIP | |
| TITLE | T | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | SAMELE, DANIEL W | | 2.2 NAME | |
| STREET ADDRESS | 240 RIVER PARK DR. | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | JUPITER FL | | 2.4 CITY-ST-ZIP | |
| TITLE | VP | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | WALSH, ALMA | | 3.2 NAME | |
| STREET ADDRESS | 160 COMMODORE DR. | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | JUPITER FL | | 3.4 CITY-ST-ZIP | |
| TITLE | S | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | WALSH, THOMAS | | 4.2 NAME | |
| STREET ADDRESS | 160 COMMODORE DR | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | JUPITER FL | | 4.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | |

CR2E034 (11/98)

14. I 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, with all other like empowered.

**SIGNATURE:** _Daniel W. Samele_    4-22-99    (561) 588-7171

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