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

CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 14 1998 8:00am Secretary of State

DOCUI	MENT # P9400	0051	798 (4))					
	STYLE INC.		, ,						
Principal Place	of Business	Address					ins esait sabre son	At this team	
3070 GULF BREEZE PKWY 3010 GULF BREEZE PKWY									
BULF BREEZE FL 32561 US			GULF BREEZE FL 32561 US				DO NOT WRITE IN THIS	SPACE	
03		03					3. Date Incorporated or Qualified	OI NOL	····
							07/08/1994		
2. Principal P	ace of Business	2a. Ma	2a. Mailing Address				4. FEI Number	Ap	plied For
21		26					59-3248620	No	t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				6. Certificate of Status Desired	\$8.75	
22			City & State					Fee Re	
City & State			City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00	
Zip	Country		Zip Country				Trust Fund Contribution		
24	25		29 30		-	1] No	
	9. Name and Address of Curre	nt Registere	d Agent				10. Name and Address of New Registered	Agent	
	UGHN, TIMOTHY			Jŧ	Name				
	60-B GULF BREEZE PARKWAY			Ī	2 Street	Addre	ss (P.O. Box Number is Not Acceptable)		
GU	LF BREEZE FL 32561),					
] •	13				
				8	4 City		P** 1	85 Zip (Code
\$4 Purcuant	to the provisions of Sections 607.05	02 ppd 607 1	EOR Elorida Statu	too the abo	an named		FI	a l	a radiatarad
office or r	egistered agent, or both, in the State	e of Florida. S	Such change was	authorized	by the corp	poratio	ration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as	registered
-	m familiar with, and accept the oblig	gations of, Se	Clion 607.0505, Fi	lorida Statu	108.				
SIGNATURE	Signature, typed or printed name of registered as	ent and title if app	licable (NO	TE Registered	Agent signature	required	when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTO		13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	IS IN 12
TITLE	D		1.21		1.1 TITLE 1.2 NAME		esident	Change	Addition
NAME	BAUGHN, TIMOTHY						mothy boughn		
STREET ADDRESS	323 PANFERIO DR.	04			EET ADORESS	30	mothy Boughn 88 Captains Court LIF Breeze, FL 33561		
Crty-ST-ZIP	PENSACOLA BEACH FL 325	101	DELETE		-ST-ZIP	1			A description
TITLE NAME	BAUGHN, ANTHONY		□ per€i€		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		ice President	▼ Change	Addition
STREET ADDRESS	804 PANFERIO DR.						nthony Baughn by Fanterio DR. neacola Beachites		
CITY-ST-ZIP	PENSACOLA BEACH FL 325	61				120	neaching Beachifus	1956)	
TITLE			DELETE	2. 4 CITY - ST - ZIP DELETE 3.1 TITLE		7.	<u> </u>	Change	Addition
NAME				3.2 NAM					
STREET ADDRESS				3.3 STA	EET ADDRESS	[
CITY-ST-ZIP				3.4. CIT	Y-ST-ZIP				
TITLE			DELETE	4.1 TITL				Change	☐ Addition
NAME				4.2 NAI					
STREET ADDRESS					EET ADDRESS				
CITY-ST-ZIP TITLE			DELETE		-ST - ZIP	ļ		Change	Addition
NAME			C OLCCIC	5.1 TITL 5.2 NAM		İ		L. Change	C AQUIDO
STREET ADDRESS					il Eet address				
CITY-ST-ZIP				1	'-ST-ZIP]			
TITLE			DELETE	6.1 TITL				Change	Addition
NAME				6.2 NAA					
STREET ADDRESS					EET ADDRESS	Ì			
CITY-ST-ZIP				6.4 CIT)	r-ST-ZIP]_			
14. I hereby o	certify that the information supplied on this annual report or subplement	with this filing	does not qualify	for the exer	nption state	ed in S	section 119.07(3)(i), Florida Statutes. I further of	ertify that the	Information
officer or	director of the corporation or the rec	ceiver of trust	empowered to	enale and extecute th	is report as	gnature s requi	e shall have the same legal effect as if made u red by Chapter 607, Florida Statutes; and that	my name ap	a⊾≀aman pearsin