

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **PA4000053421**

1. Corporation Name

**STYLES INTERACTIVE, INC.**

Principal Place of Business

Mailing Address

**2316-A W 23RD STREET  
PANAMA CITY, FL 32405**

**2316-A W 23RD STREET  
PANAMA CITY, FL 32405**

3. Date Incorporated or Qualified

3a. Date of Last Report

**07/15/94**

**04/26/95**

4. FEI Number

Applied For  
Not Applicable

**65-0545970**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KOBZA; KIM PATRICK  
801 12TH AVENUE SOUTH  
NAPLES, FL 33940**

61 Name

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

63

64 City

**FL**

65 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 of Current Registered Agent (If this is a new agent, leave blank)

Signature of New Registered Agent (If this is a new agent, leave blank)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME **DIBACCO, THOMAS A.**  
STREET ADDRESS **2316-A W 23RD STREET**  
CITY-STATE-ZIP **PANAMA CITY, FL 32405**

1. TITLE  Change  Add on  
2. NAME  
3. STREET ADDRESS  
4. CITY-STATE-ZIP

TITLE  DELETE  
NAME **DIBACCO, KIM STYLES**  
STREET ADDRESS **2316-A W 23RD STREET**  
CITY-STATE-ZIP **PANAMA CITY, FL 32405**

2. TITLE  Change  Addition  
2. NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

TITLE  DELETE  
NAME **GERMAIN, ROBERT L.**  
STREET ADDRESS **c/o 13315 N TAMIAMI TRAIL**  
CITY-STATE-ZIP **NAPLES, FL 33963**

3. TITLE  Change  Addition  
3. NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

4. TITLE  Change  Addition  
4. NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5. TITLE  Change  Addition  
5. NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6. TITLE  Change  Addition  
6. NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

**0000018485301  
-06/03/96--01061--017  
\*\*\*200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Thomas A. Dibacco*  
4-29-96 904 7692249

CR2E034 (12/95)