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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996 **DOCUMENT #** 

SIGNATURE:

P94000055927 (5)

ELEGANT BRIDAL GALLERY, INC.

**FILED** May 01 1996 8:00 am Secretary of State

1 10011001 118 1	(B161 A1A11 A41)1	88111 88111 881E	i bisa ania	(ATTA TANT TANT TAN

4)4-1/02 Daytine Phone #

										<b>                                    </b>	8118 IJB† IBB† 1881
Principal Place	of Business		M	ailing Address							#118 11911 1ES1 1ES1
7171 N. DAVIS HWY. PENSACOLA FL 32514			7171 N. DAVIS HWY. PENSACOLA FL 32514								
								<ol> <li>Date Incorporated or Qualified 07/25/1994</li> </ol>	3a. Da	te of Last <b>06/12/1</b>	
2. Principal Pla	ace of Busines	S	2a.	. Mailing Address				4. FEI Number			Applied For
21			26	P.O. BC		413		59-3255361			Not Applicable
Suite, Apt. #	#, etc.		27	Suite, Apt. #, et	G.			5. Certificate of Status Desired			5 Additional Required
City & State	)			City & State		_		6. Election Campaign Financing	_	<b>\$</b> 5.	<b>00</b> May Be
23			28	Pensaco				Trust Fund Contribution			ed to Fees
Zip 24	-	Country		Zip 3 2 5 1 4	<b></b>	ountry		8. This corporation has liability fo Florida Statutes	rintangible ıs ∏No	tax under	s 199.032,
24	o Neme s	5 nd Address of Cur	29 zent Regis		30			10. Name and Address of New		d Agent	
	g. reame a	TIG AGGIOSS OF OU	TOM HOSIS	norco Agom		81	Name	10. 110.110 0.110 2.110 0.110 1			······································
HADDIC	MICHELLE	٨									
	6, MICHELLE . Davis hw					82	Street A	ddress (P.O. Box Number is Not Accepta	able)		
	COLA FL 32					83					
FENOA	OULA FE SE	J17									
						84	City		F	85	Zip Code
11. Pursuant to	to the provision	ns of Sections 607.0	502 and 60	7.1508, Florida S	Statutes, the a	bove-r	amed cor	rporation submits this statement for the p	urpose of c	hanoino its	registered offic
or registere	ed agent, or b	oth, in the State of F the obligations of, S	lorida. Such	n change was aut	thorized by the	e corpo	oration's t	poard of directors. I hereby accept the ap	pointment	as register	ed agent. I am
	iri, ariu accept	the obligations of, a	iection too7.	.0000, Florida dia	itutes.						
									DATE		
SIGNATURE _	Signature, typed or	printed name of registered a	gent and title if	applicable	(NOTE: Registe	red Agen	l signature re	quired when reinstating)	DATE		
	Signature, typed or	printed name of registered e OFFICERS			(NOTE: Registe		l signature re	ADDITIONS/CHANGES TO OF		ND DIRECT	ORS IN 12
	Signature, typed or				13		l signature re			Change	
12.	PD			CTORS	13	3.	l signature re				
<b>12.</b>	PD HARRIS,	OFFICERS		CTORS	13 1 12	3. 1 TITLE 2 NAME	L signature re	ADDITIONS/CHANGES TO OF		Change	
12. TITLE NAME	PD HARRIS,	OFFICERS  MICHEAL D INCETON DR.		CTORS DELETE	13 1 12 13 14	3. 1 TITLE 2 NAME	ADDRESS	ADDITIONS/CHANGES TO OF		Chang	e 🔲 Addition
12. TITLE NAME STREEL ADDRESS	PD HARRIS, 5730 PR PENSAC VPD	OFFICERS MICHEAL D INCETON DR. OLA FL		CTORS	13 1 12 13 14	3. 1 TITLE 2 NAME 3 STREET	ADDRESS	ADDITIONS/CHANGES TO OF	FICERS A	Change	e 🔲 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRIS, 5730 PR PENSAC VPD HARRIS,	OFFICERS MICHEAL D INCETON DR. OLA FL MICHELLE A		CTORS DELETE	13 1 12 13 14 2	3. 1 TITLE 2 NAME 3 STREET 4 CITY-S	ADDRESS	P.O. Box 15413 Pensacola, F1 3	FICERS A	Chang	e Addition
12. TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE	PD HARRIS, 5730 PR PENSAC VPD HARRIS, 5730 PR	OFFICERS MICHEAL D INCETON DR. OLA FL MICHELLE A INCETON DR.		CTORS DELETE	13 1 12 13 14 2	3. 1 TITLE NAME STREET CITY-S 1 TITLE	ADDRESS	P.O. Box 15413 Pensacola, F1 3 SEC/TRES/D P.O. Box 15413	2 5 1 4	Change X Change	e 🔲 Addition
12. TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP CITY-ST-ZIP	PD HARRIS, 5730 PR PENSAC VPD HARRIS,	OFFICERS MICHEAL D INCETON DR. OLA FL MICHELLE A INCETON DR.		CTORS  DELETE	15 1 12 13 14 2 22 23	3. 1 TITLE NAME 3 STREET 4 CITY-S 1 TITLE NAME 3 STREET 4 CITY-S	ADDRESS T-ZIP ADDRESS	P.O. Box 15413 Pensacola, F1 3 SEC/TRES/D	2 5 1 4	Change  Change	Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE	PD HARRIS, 5730 PR PENSAC VPD HARRIS, 5730 PR	OFFICERS MICHEAL D INCETON DR. OLA FL MICHELLE A INCETON DR.		CTORS DELETE	15 1 12 13 14 2 22 23 24	3. 1 TITLE NAME STREET CITY-S 1 TITLE NAME STREET CITY-S 1 TITLE 1 TITLE	ADDRESS T-ZIP ADDRESS	P.O. Box 15413 Pensacola, F1 3 SEC/TRES/D P.O. Box 15413	2 5 1 4	Change X Change	Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	PD HARRIS, 5730 PR PENSAC VPD HARRIS, 5730 PR	OFFICERS MICHEAL D INCETON DR. OLA FL MICHELLE A INCETON DR.		CTORS  DELETE	15 1 12 13 14 2 2 2 2 2 3 3 3	3. 1 TITLE NAME STREET CITY-S 1 TITLE NAME STREET CITY-S 1 TITLE NAME	ADDRESS T-ZIP ADDRESS T-ZIP	P.O. Box 15413 Pensacola, F1 3 SEC/TRES/D P.O. Box 15413	2 5 1 4	Change  Change	Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD HARRIS, 5730 PR PENSAC VPD HARRIS, 5730 PR	OFFICERS MICHEAL D INCETON DR. OLA FL MICHELLE A INCETON DR.		CTORS  DELETE	113 1 1 1 1 2 1 3 3 1 4 4 2 2 2 2 3 2 4 3 3 3 2 3 3 3 3 3 3 3	3. 1 TITLE NAME 3 STREET 4 CITY-S 1 TITLE NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 2 NAME 3 STREET 3 STREET	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS ADDRESS	P.O. Box 15413 Pensacola, F1 3 SEC/TRES/D P.O. Box 15413	2 5 1 4	Change  Change	Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRIS, 5730 PR PENSAC VPD HARRIS, 5730 PR	OFFICERS MICHEAL D INCETON DR. OLA FL MICHELLE A INCETON DR.		CTORS  DELETE  DELETE	113 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3. 1 TITLE NAME 3 STREET 4 CITY-S 1 TITLE NAME 3 STREET 4 CITY-S 1 TITLE NAME 1 TITLE NAME 1 TITLE NAME 1 TITLE NAME 3 STREET 4 CITY-S 4 CITY-S	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS ADDRESS	P.O. Box 15413 Pensacola, F1 3 SEC/TRES/D P.O. Box 15413	2 5 1 4	Change  Change	Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	PD HARRIS, 5730 PR PENSAC VPD HARRIS, 5730 PR	OFFICERS MICHEAL D INCETON DR. OLA FL MICHELLE A INCETON DR.		CTORS  DELETE	115 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3.  1 TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME NAME NAME NAME NAME NAME NAME NAM	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS ADDRESS	P.O. Box 15413 Pensacola, F1 3 SEC/TRES/D P.O. Box 15413	2 5 1 4	Change  Change	Addition  Addition
12. TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME	PD HARRIS, 5730 PR PENSAC VPD HARRIS, 5730 PR	OFFICERS MICHEAL D INCETON DR. OLA FL MICHELLE A INCETON DR.		CTORS  DELETE  DELETE	115 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3.  1 TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE	ADDRESS 1- ZIP  ADDRESS 1- ZIP  ADDRESS 1- ZIP	P.O. Box 15413 Pensacola, F1 3 SEC/TRES/D P.O. Box 15413	2 5 1 4	Change  Change	Addition  Addition  Addition
12.  TITLE  NAME  STREEL ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREEL ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREEL ADDRESS  C-TY-ST-ZIP  TITLE  NAME  STREEL ADDRESS  C-TY-ST-ZIP  TITLE  NAME  STREEL ADDRESS	PD HARRIS, 5730 PR PENSAC VPD HARRIS, 5730 PR	OFFICERS MICHEAL D INCETON DR. OLA FL MICHELLE A INCETON DR.		CTORS  DELETE  DELETE	115 1 12 13 14 2 22 2.3 2.4 3 3 3.2 4.4 4.4 4.5	3. 1 TITLE NAME STREET CITY-S NAME S NAME S NAME	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS ADDRESS	P.O. Box 15413 Pensacola, F1 3 SEC/TRES/D P.O. Box 15413	2 5 1 4	Change  Change	Addition  Addition  Addition
TITLE NAME STREEL ADDRESS CITY-ST-ZIP	PD HARRIS, 5730 PR PENSAC VPD HARRIS, 5730 PR	OFFICERS MICHEAL D INCETON DR. OLA FL MICHELLE A INCETON DR.		CTORS  DELETE  DELETE	15 1 12 13 14 2 22 23 24 3 3 32 4 4 4 4.	3.  1 TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS ADDRESS	P.O. Box 15413 Pensacola, F1 3 SEC/TRES/D P.O. Box 15413	2 5 1 4	Change  Change	Addition  Addition  Addition
TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS C-TY-ST-ZIP TITLE NAME STREEL ADDRESS C-TY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE	PD HARRIS, 5730 PR PENSAC VPD HARRIS, 5730 PR	OFFICERS MICHEAL D INCETON DR. OLA FL MICHELLE A INCETON DR.		CTORS  DELETE  DELETE  DELETE	15 1 12 13 14 2 22 2.3 24 3 3 3,2 4 4. 4. 4.5	1 TITLE NAME STREET THE NAME CITY-S THE NAME STREET CITY-S THE NAME STREET CITY-S THE NAME STREET CITY-S THE NAME STREET STREET STREET STREET STREET STREET	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS ADDRESS	P.O. Box 15413 Pensacola, F1 3 SEC/TRES/D P.O. Box 15413	2 5 1 4	Change Change Change	Addition  Addition  Addition
TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS C-TY-ST-ZIP TITLE NAME STREEL ADDRESS C-TY-ST-ZIP TITLE NAME STREEL ADDRESS C-TY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME	PD HARRIS, 5730 PR PENSAC VPD HARRIS, 5730 PR	OFFICERS MICHEAL D INCETON DR. OLA FL MICHELLE A INCETON DR.		CTORS  DELETE  DELETE  DELETE	15 1 12 13 14 2 22 2.3 24 3 3 3,2 4 4. 4.5 5	1 TITLE NAME STREET	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS ADDRESS	P.O. Box 15413 Pensacola, F1 3 SEC/TRES/D P.O. Box 15413	2 5 1 4	Change Change Change	Addition  Addition  Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C-TY-ST-ZIP TITLE NAME STREET ADDRESS C-TY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD HARRIS, 5730 PR PENSAC VPD HARRIS, 5730 PR	OFFICERS MICHEAL D INCETON DR. OLA FL MICHELLE A INCETON DR.		CTORS  DELETE  DELETE  DELETE	113 113 114 2 22 2 23 2 4 3 3 3 4 4 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1 TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET CONTY-S TITLE NAME STREET TITLE NAME TITLE	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	P.O. Box 15413 Pensacola, F1 3 SEC/TRES/D P.O. Box 15413	2 5 1 4	Change Change Change	Addition  Addition  Addition
TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS C-TY-ST-ZIP TITLE NAME STREEL ADDRESS C-TY-ST-ZIP TITLE NAME STREEL ADDRESS C-TY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME	PD HARRIS, 5730 PR PENSAC VPD HARRIS, 5730 PR	OFFICERS MICHEAL D INCETON DR. OLA FL MICHELLE A INCETON DR.		CTORS  DELETE  DELETE  DELETE	15 1 12 13 14 2 22 2.3 24 3 3 3 4 4 4.5 5 5 5 5	1 TITLE NAME STREET	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	P.O. Box 15413 Pensacola, F1 3 SEC/TRES/D P.O. Box 15413	2 5 1 4	Change Change Change	Addition  Addition  Addition  Addition
TITLE NAME STREEL ADDRESS CITY-ST-ZIP	PD HARRIS, 5730 PR PENSAC VPD HARRIS, 5730 PR	OFFICERS MICHEAL D INCETON DR. OLA FL MICHELLE A INCETON DR.		DELETE  DELETE  DELETE	15 1 12 13 14 2 22 23 24 3 3 34 4 4 4 5 5 5 5 6	1 TITLE NAME STREET CITY-S NAME CITY-S NAME SITTLE	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	P.O. Box 15413 Pensacola, F1 3 SEC/TRES/D P.O. Box 15413	2 5 1 4	Change Change Change Change	Addition  Addition  Addition  Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C-TY-ST-ZIP TITLE	PD HARRIS, 5730 PR PENSAC VPD HARRIS, 5730 PR	OFFICERS MICHEAL D INCETON DR. OLA FL MICHELLE A INCETON DR.		DELETE  DELETE  DELETE	113 1 12 1 13 1 14 2 22 2 23 2 24 3 3 32 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1 TITLE NAME STREET NAME STREET NAME STREET COLY-S STREET COLY-S STREET COLY-S TITLE NAME STREET COLY-S TITLE NAME STREET TITLE	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	P.O. Box 15413 Pensacola, F1 3 SEC/TRES/D P.O. Box 15413	2 5 1 4	Change Change Change Change	Addition  Addition  Addition  Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C-TY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRIS, 5730 PR PENSAC VPD HARRIS, 5730 PR PENSAC	MICHEAL D INCETON DR. OLA FL MICHELLE A INCETON DR. OLA FL	AND DIREC	DELETE  DELETE  DELETE  DELETE	15 1 1 12 13 14 2 2.2 2.3 3 3 3.4 4.4 4.5 5 5.5 5.6 6 6 6	1 TITLE NAME STREET GLITY-S NAME NAME STREET GLITY-S NAME NAME NAME STREET GLITY-S STREET GLITY-	ADDRESS 1- ZIP  ADDRESS 1- ZIP	P.O. Box 15413 Pensacola, F1 3 SEC/TRES/D P.O. Box 15413	2514 32514	Change Change Change Change	Addition  Addition  Addition  Addition  Addition