


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

FILED
Aug 05, 1999 8:00 am
Secretary of State

08-05-1999 90003 002 ***150.00

| | | | | | |
|---|--|---|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P94000056348 (3) | | | | | |
| 1. Corporation Name WEAR ELSE, Inc. | | | | | |
| Principal Place of Business | | | Mailing Address | | |
| DO NOT WRITE IN THIS SPACE | | | | | |
| 3. Date Incorporated or Qualified 7-29-94 | | | | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | |
| 21 3781 D. NOVA Rd. | | 26 41 Sun Dunes Circle | | 59-3271699 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | Applied For | |
| 22 | | 27 | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 PORT ORANGE, FL | | 28 Ponce Inlet, FL | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip Country | | Zip Country | | Trust Fund Contribution | |
| 24 32119 25 USA | | 29 32127 30 U.S.A. | | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent | | | 10. Name and Address of New Registered Agent | | |
| Shirley L.S. Reed | | | 81 Name Shirley L.S. Reed | | |
| | | | 82 Street Address (P.O. Box Number is Not Acceptable) 41 Sun Dunes Circle | | |
| | | | 83 | | |
| | | | 84 City Ponce Inlet FL 85 Zip Code 32127 | | |
| 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 <u>Shirley L.S. Reed</u> (SHIRLEY L.S. REED) DATE 7-28-99 | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE <input type="checkbox"/> DELETE | | | 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME SHIRLEY L.S. REED | | | 1.2 NAME SHIRLEY L.S. REED | | |
| STREET ADDRESS | | | 1.3 STREET ADDRESS 41 Sundunes Circle | | |
| CITY-ST-ZIP | | | 1.4 CITY-ST-ZIP Ponce Inlet, FL 32127 | | |
| TITLE <input type="checkbox"/> DELETE | | | 2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | | | 2.2 NAME MIKE REED | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS 41 Sun Dunes Circle | | |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP Ponce Inlet, FL 32127 | | |
| TITLE <input type="checkbox"/> DELETE | | | 3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | | | 3.2 NAME Pam Rockett | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS 1184 Pellicier Ct | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP PORT ORANGE, FL 32119 | | |
| TITLE <input type="checkbox"/> DELETE | | | 4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | 4.2 NAME SHIRLEY L.S. REED | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS 41 Sun Dunes Circle | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP Ponce Inlet, FL 32127 | | |
| TITLE <input type="checkbox"/> DELETE | | | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE | | | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

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: Shirley L.S. Reed SHIRLEY L.S. REED 7-28-99 904 760-7679

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

601279-90003-2
P94000056348

To: FL. Dept. OF STATE / Div. OF CORP

RE: PROFIT Corporation Annual Report 1999

From: WEAR ELSE, Inc
3781 D. NOVA Rd.
Port Orange, FL 32119

DATE: 7-29-99

LAST WEEK I called the Division of Corporations because I never received my 1999 Application.

My physical STORE & personal Locations have changed and NOTHING from Division of Corporations had been forwarded to me.

Thank-You FOR waiving the late fee, due to this problem.

Enclosed is the application & my yearly fee.

Sincerely,

Shirley L Reed