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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Mar 18 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400067940 (4)

BLISS UNLIMITED, INC.

Principal Place of Business

**SIGNATURE:** 

262 ST. GEORGE ST SUITE 196 ST. AUGUSTINE FL 32084 US		P O BOX 3545 Suite 196 St. Augustine Fl 32085-3 US	SUITE 196 St. Augustine Fl. 32085-3545		3. Date Incorporated or Qualified	3a. Date of Last	Report
ko go e go e e e e e e e e e e e e e e e					09/12/1994	<u> 05/01/1996</u>	
1	lace of Business	2a. Mailing Address			4. FEI Number	h	Applied For
21		26			59-3261228		Not Applicable
Side, Aptin, etc. 22		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Orty & Stub	?	City & State			6. Election Campaign Financing		May Be
Zip Country		28 Zin	Zip Country		Trust Fund Contribution LJ Added to Fees  8. This corporation has liability for intangible tax under s. 199.032,		
24	25 29 30		<b>─</b> `		Florida Statutes		
£7.		of Current Registered Agent	30 <sub>1</sub>		10. Name and Address of New Reg		
QTE)	man and a second		81	Name			
STEVENS, CHARLES T 2744 US 1 SOUTH				P2 Chart Address (D.O. Boy Mumber is Not Assestable)			
	UGUSTINE FL 32086		82	82 Street Address (P.O. Box Number is Not Acceptable)			
טו א	OOOOTINE I E OEGOO		83				
			84	City		<b>85</b> Zış	Code
				L		FL   "   ' '	3
office on n agent. La	egistered agent, or both lib-	tip 7.0502 and 607 1508, Florida Statute the State of Florida Such change was a the obligations of, Section 607.0505, Flo	uthorized by	the corpor	orporation submits this statement for the praction's board of directors. I hereby accep	urpose of changing I the appointment a	its registered is registered
SIGNATURI	Por platice of productive factors of se	g force agent and other happle abora (NOTE	Registered Age	int signature rec	quired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS 13.		13.		ADDITIONS/CHANGES TO OFFIC		
Tr'llE	P	DELETE 1.11				Change	Addition
N#MF	ALMOND, SHIRLEY		1.2 NAME				
STREET ADDRESS OF	262 ST. GEORGE ST		1.3 STREET	ADDRESS			
F 15-S 7-P	ST AUGUSTINE FL		1.4 CITY - 9	37 - ZIP			
7171.6		DELETE				☐ Change	Addition
NAME			2.2 NAME	}			
STREET ADDRESS.			2.3 STREET	ADDRESS			
		El poeze	2 4 CITY~	ST-ZIP			1.4495
FITLE	☐ DELE		3.1 TITLE			☐ Change	Addition
MANE			32 NAME				
SIRRE Allebia			3.3 STREET	j			
. Cen. 8 - 7P		DELETE	3.4. CITY-	ST-ZiP		Change	Addition
11 11	_		4.1 TITLE			change	, F"" WORNOU
NAME NAME			4. 2 NAME	*ODDICC:			
STREET ALURES			4.3 STREET				
10'45 7F		☐ DELETE	4.4 CITY - S 5.1 TITLE	01-21F		Change	Addition
NAMi			5.2 NAME			و در در در	
STEEL LAST DRESS			5.3 STREET	Annece			
STRATER STATE			5.4 CITY - S	1			
TV.E		DELETE	6.1 TITLE	11 411	***************************************	☐ Change	Addition
naMi		**************************************	6.2 NAME				
Steff Medel 5.3			6.3 STREET	ADDRESS			
City St Zit			6.4 CITY - S				
14. I do heret			y for the exe	mption stat	ted in Section 119.07(3)(i). Florida Statutes		
infunicatio	in indicated on this arregal re	eport or supplemental annual report is tr	ue and acc	urate and th	nat my signature shall have the same lega port as required by Chapter 607, Florida S	l effect as if made u	inder oath; that