

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 13 1997 8:00am
Secretary of State

DOCUMENT # P94000073697 (2)

1. Corporation Name

SISTERS WITH ATTITUDE, INC.



Principal Place of Business

GOLDEN TRIANGLE CENTER
SUITE # 17
MT. DORA FL 32757

Mailing Address

2729 W. OLD US HWY 441
MT. DORA FL 32757-3526

2. Principal Place of Business

21 2729 W OLD US 441

Suite, Apt. #, etc.

22 SUITE 17

City & State

23 MT DORA FL

Zip

24 32757

Country

2a. Mailing Address

26 485 POMELO AVE

Suite, Apt. #, etc.

27

City & State

28 TAVARES FL

Zip

29 32778

Country

3. Date Incorporated or Qualified

10/07/1994

3a. Date of Last Report

08/12/1996

4. FEI Number

NOT APPLICABLE 59-3320514

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

GANDY, TANYA
485 POMELO AVE.
TAVARES FL 32778

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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, typed or printed name of registered agent and date, if applicable

(NOT: Registered Agent signature required when reinstating)

DATE

4/5/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P
GANDY, TANYA
STREET ADDRESS 485 POMELO AVE.
CITY-ST-ZIP TAVARES FL 32778

TITLE ☐ DELETE

NAME T
GANDY, GLEN
STREET ADDRESS 485 POMELO AVE
CITY-ST-ZIP TAVARES FL 32778

TITLE ☒ DELETE

NAME S
MONROE, BERTHA
STREET ADDRESS 1805 JEFFERSON DRIVE
CITY-ST-ZIP MT. DORA FL 32757

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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, as changed, or on an attachment with an address.

SIGNATURE

[Signature]

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