

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

FILED

May 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997

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

DOCUMENT #

1. Corporation Name

Bead Gypsies, Inc

P94000074651

Principal Place of Business

Mailing Address

P.O. Box 470

St. Petersburg, Fla 33731

3. Date Incorporated or Qualified

1994

3a. Date of Last Report

4. FEI Number

59-3273820

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

2. Principal Place of Business

2a. Mailing Address

21 Retail Shows

26 above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Various

28

Zip

Country

Zip

Country

24 25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

James Goodwin

P.O. Box 1531 111 Malism E

Tampa Fla 33601

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 607.1508, 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]*

(NOTE: Registered Agent signature required when reinstating)

4/18/97

12. OFFICERS AND DIRECTORS

12.1 PRESIDENT  
NAME: Elmer Dally  
STREET ADDRESS: 1 Beach Drive #2411  
CITY, ST, ZIP: St. Petersburg, Fla 33701

12.2 TREASURER  
NAME: Rex Brasell  
STREET ADDRESS: 1 Beach Drive #2411  
CITY, ST, ZIP: St. Petersburg, Fla 33701

12.3  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

12.4  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

12.5  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

12.6  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE  
13.2 NAME  
13.3 STREET ADDRESS  
13.4 CITY-ST-ZIP

13.5 TITLE  
13.6 NAME  
13.7 STREET ADDRESS  
13.8 CITY-ST-ZIP

13.9 TITLE  
13.10 NAME  
13.11 STREET ADDRESS  
13.12 CITY-ST-ZIP

13.13 TITLE  
13.14 NAME  
13.15 STREET ADDRESS  
13.16 CITY-ST-ZIP

13.17 TITLE  
13.18 NAME  
13.19 STREET ADDRESS  
13.20 CITY-ST-ZIP

13.21 TITLE  
13.22 NAME  
13.23 STREET ADDRESS  
13.24 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(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.

SIGNATURE: Rex Brasell Rex Brasell Treas

4/18/97

(813) 896-4114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

CS 5/6/97

200002170652  
-05/08/97--01008--008  
\*\*\*165.00