FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000076218 (4)**

1. Corporation Name

TRADITIONAL BRIDES, INC.

Principal Place of Business	Mailing Address
~~3261 BORDER RD~~ 2128 Gulf Gate Drive ~~VENICE FL 34292~~ Sarasota, FL 34231	~~3261 BORDER RD~~ c/o Daffney Mahler Swint, CPA ~~VENICE FL 34292~~ 1800 Second Street, Suite 808 Sarasota, FL 34236

3. Date Incorporated or Qualified: **10/17/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21: 2128 Gulf Gate Drive
22: Suite, Apt. #, etc.
23: City & State: Sarasota, FL
24: Zip: 34231
25: Country: US

2a. Mailing Address
26: c/o Daffney Mahler Swint, CPA
27: Suite, Apt. #, etc: 1800 Second Street, Suite 808
28: City & State: Sarasota, FL
29: Zip: 34236
30: Country: US

4. FEI Number: **65-0527033** ☐ 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

VERDE, PENNY J
3261 BORDER RD
VENICE FL 34292

10. Name and Address of New Registered Agent

81 Name: Douglas Luff
82 Street Address (P.O. Box Number is Not Acceptable): 2128 Gulf Gate Drive
83:
84 City: Sarasota **FL** 85 Zip Code: 34231

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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: Karen Brown — DATE: 7/31/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTS VERDE, PENNY 3261 BORDER RD VENICE FL	☑ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PT Douglas Luff 2128 Gulf Gate Drive Sarasota, FL 34231	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V VERDE, RAUL R MD 3261 BORDER RD VENICE FL	☑ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VPS Karen Brown 2128 Gulf Gate Drive Sarasota, FL 34231	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Karen Brown — 7/31/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)