

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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000078623 (3)

1. Corporation Name
TIL FASHIONS, INC.



Principal Place of Business

Mailing Address

~~8355 METROWEST BLVD.
SUITE 445
ORLANDO FL 32801~~

200 SOUTH ORANGE AVE.
SUITE 2300
~~ORLANDO FL 32801-3432~~

2. Principal Place of Business

2a. Mailing Address

21 9701 Chestnut Ridge Dr.
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Windermere, FL
Zip Country

28 Orlando, FL
Zip Country

24 34786

29 32801-3432 30

3. Date Incorporated or Qualified

10/26/1994

3a. Date of Last Report

04/26/1996

4. FEI Number

59-3276252

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

A.G.C. CO.
200 SOUTH ORANGE AVE.
SUITE 2300
ORLANDO FL 32801-3432

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME VOSS, JEFFERSON
STREET ADDRESS 6355 METROWEST BLVD., STE. 445
CITY-ST-ZIP ORLANDO FL

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 9701 Chestnut Ridge Dr.
1.4 CITY-ST-ZIP Windermere, FL 34786

TITLE VD ☐ DELETE

NAME SILVERTON, VIVIANNE
STREET ADDRESS 6355 METROWEST BLVD., STE. 445
CITY-ST-ZIP ORLANDO FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 9701 Chestnut Ridge Dr.
2.4 CITY-ST-ZIP Windermere, FL 34786

TITLE STD ☐ DELETE

NAME THAKKAR, RASESH
STREET ADDRESS 6355 METROWEST BLVD., STE. 445
CITY-ST-ZIP ORLANDO FL

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 9701 Chestnut Ridge Dr.
3.4 CITY-ST-ZIP Windermere, FL 34786

TITLE V ☐ DELETE

NAME MOLLOY CHRISTELLE
STREET ADDRESS 6355 METRO WEST BLVD, SUITE 445
CITY-ST-ZIP ORLANDO FL

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 9701 Chestnut Ridge Dr.
4.4 CITY-ST-ZIP Windermere, FL 34786

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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(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

0025

4.11.97

067-8716-8800

CR2E034 (9/96)