

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P94000079928 (5)**

1. Corporation Name  
**SISTERS DISCOUNT ACCESSORIES BOUTIQUE ON WHEELS, INC.**



Principal Place of Business  
**4906 SW 25TH PLACE  
 CAPE CORAL FL 33914**

Mailing Address  
**4906 SW 25TH PLACE  
 CAPE CORAL FL 33914**

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>10/31/1994</b>  | 3a. Date of Last Report<br><b>04/24/1995</b> |
| 4. FEI Number<br><b>65-0529055</b>  | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>           |
| 8. This corporation has liability for interjurisdictional tax under s. 199.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                         |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. |
| 22. City & State               | 27. City & State        |
| 23. Zip                        | 28. Zip                 |
| 24. Country                    | 29. Country             |
| 25. Country                    | 30. Country             |

9. Name and Address of Current Registered Agent  
**STEINBERG, PHILIP  
 3332 DEL PRADO BLVD.  
 CAPE CORAL FL 33904**

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 607.0602 and 607.1505, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0603, Florida Statutes.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | <b>D</b>                    | <input type="checkbox"/> DELETE |
| NAME           | <b>MARTINI, SUSAN</b>       |                                 |
| STREET ADDRESS | <b>2713 SW 46TH TERRACE</b> |                                 |
| CITY, ST, ZIP  | <b>CAPE CORAL FL</b>        |                                 |
| TITLE          | <b>D</b>                    | <input type="checkbox"/> DELETE |
| NAME           | <b>SPECTOR, VIVIAN</b>      |                                 |
| STREET ADDRESS | <b>4906 SW 25TH PLACE</b>   |                                 |
| CITY, ST, ZIP  | <b>CAPE CORAL FL 33914</b>  |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY, ST, ZIP  |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY, ST, ZIP  |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY, ST, ZIP  |                             |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 11. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME           |   |
| 13. STREET ADDRESS |   |
| 14. CITY, ST, ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 21. TITLE          |   |
| 22. NAME           |   |
| 23. STREET ADDRESS |   |
| 24. CITY, ST, ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 31. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32. NAME           |   |
| 33. STREET ADDRESS |   |
| 34. CITY, ST, ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 41. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42. NAME           |   |
| 43. STREET ADDRESS |   |
| 44. CITY, ST, ZIP  |   |
| 51. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52. NAME           |   |
| 53. STREET ADDRESS |   |
| 54. CITY, ST, ZIP  |   |
| 61. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62. NAME           |   |
| 63. STREET ADDRESS |   |
| 64. CITY, ST, ZIP  |   |

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)(a), 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 changes have occurred with an address.

SIGNATURE: *Vivian Spector* **Vivian Spector** *JH 9-96* **941-549-5391**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE034 (12/95)