

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

95 AUG -8 AM 10: 21

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # P94000082476 (0)**

1. Corporation Name  
**TEDDY'S AND LACE, INC.**

Principal Place of Business Mailing Address  
**189 THORNTON DR PALM BEACH GARDENS FL 33418**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/07/1994  
3a. Date of Last Report N/A

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

4. FEI Number 65-0554028 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6.  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 194.02, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRAIDER, EDNA M  
189 THORNTON DR  
PALM BEACH GARDENS FL 33418**

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

(Print or type a printed name of registered agent on this line.)

(Print or type a printed name of registered agent on this line.)

DATE

12. OFFICERS AND DIRECTORS

13.

TITLE	D
NAME	BRAIDER, EDNA M
STREET ADDRESS	189 THORNTON DR
CITY, ST, ZIP	PALM BEACH GARDENS FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
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)(b), 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 in an attachment with an address.

SIGNATURE:

*Edna M. Braider Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/95 407-775-0487  
DATE (Typed or Printed)

CFR2E034 (3/95)