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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996 DIVISION OF CORPORATIONS **DOCUMENT #** P94000084653 (2) IT'S A WOMAN'S WORLD, INC.

TO A WOMEN O WORLD, INC.					
Principal Place	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	1 10011901 140 10141 01841 0016 60111	(1)
11813 NO. ARMENIA AVENUE 11813 NO. ARMENI TAMPA FL 33612 TAMPA FL 33612		AVENUE			
• Disciplina				3. Date Incorporated or Qualified 11/16/1994	3a. Date of Last Report 08/11/1995
21 26		2a. Mailing Address 26		4. FEI Number 59-3279782	Applied For Not Applicable
27		Suite, Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	Orty & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Gountry 30	8. This corporation has liability for in Florida Statutes Yes  Yes	
	<ol><li>Name and Address of Currer</li></ol>	nt Registered Agent		10. Name and Address of New R	egistered Agent
11813 N	Karen G O. Armenia avenue FL 33612		81 Name  82 Street Addr  83  84 City	ess (P.O. Box Number is Not Acceptabl	e)  FL 85 Zip Code
familiar wit	o the provisions of Sections 607.0502 ed agent, or both, in the State of Florinth, and accept the obligations of, Section 1997 the best of providing the provision of the Section 1997 the provision of the Section 1997 the Sectio	ion 607.0506, Florida Statute	ites, the above named corpor zed by the corporation's boar is.	ation submits this statement for the purp d of directors. Thereby accept the appo	cose of changing its registered office intrinent as registered agent. I am
12.	OFFICERS AN	D D/RECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TIFLE	D	DELETE	1 1 fiftE		Change Addition
NAME	DURAN, KAREN G		L2 NAMC		
STREET ADDRESS	7221 NO. STERLING AVENUE		1.3 STREE1 ADDRESS		
CITY - ST - ZIP	TAMPA FL 33614		14 CITY-S1-ZP		
TITLE	D	☐ DELETE	2 1 TITLE		Change Addition
NAME	RIMA, VICKI		2.2 NAME		
STREET ADDRESS	6822 NO. HALE AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33614		2.4 Cify - ST - ZiP		
THTLE	ADAMS, DIANE	☐ DELFTE	3 1 TOTLE		Change Addition
NAME	3411 W. BROAD STREET		3 2 NAME		
STREET ADDRESS	TAMPA FL 33614		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	Tradity I C 900 14	FTI OCLUTE	3 4 C(TY - ST - 7)P		
NAME		DELETE	4 1 TITLE		Change Addition
STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		[ ] DELETE	4.4 CHY - ST - ZIP		
NAME					Change Addition
STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5.3 STHEET ADDRESS		
TITLE		☐ DELEJE	54 CITY-ST-Z/P		
NAME		LT pereie	6 1 TILE		Change Addition
STREET ADDRESS			6.2 NAME		
			6 3 STREET ADDRESS		
CITY-ST-ZIP	certify that the information supplied w	uite this fit on is not at schot a	6 4 CITY - SI - ZIP		

I do hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 trusted 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.

GNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE:**