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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P94000084653** (2)

IT'S A WOMAN'S WORLD, INC.

## **FILED** Apr 08 1997 8:00am Secretary of State



· ·	ie of Business MENIA AVENUE 112		Mailing Address 11813 NO. ARMENIA AVENUE TAMPA FL 33612-5047						
						3. Date Incorporated or Quali 11/16/1994		Date of Last R /17/1996	teport
<del>                                     </del>	Place of Business	2a. Mailing Addres	ss			4. FEI Number	1	Ar	pplied For
21 Suite Apt	# etc	26   Suite, Apt. #, e	10			59-3279782			ot Applicable Additional
22		27				5. Certificate of Status Desire	ed <b>\$0.75</b> Additional Fee Required		
City & Stat	C	City & State	<del>                                     </del>			6. Election Campaign Financing \$5.00 May Be			
<b>23</b>	Country	ZIP Country			Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s. 199.032,				
24	25 29		30			Florida Statutes Yes No			
	9. Name and Address of Curren	nt Registered Agent				10. Name and Address of Ne	w Registered	Agent	
	RAN, KAREN G			81	Name				
11813 NO. ARMENIA AVENUE TAMPA FL 33612				82 Street Address (P.O. Box Number is Not Acceptable)					
I AM	IPA FL 33012			83	<u></u>		<del></del>	· · · · · · · · · · · · · · · · · · ·	
				84	City			<b>85</b> Zip	Code
					,		FI		
office or i agent. La SIGNATURE	ty the prinvisions of Sections 607.0 vo resistered agent, or trith, in the State am amiliar with, and ancept the obligi- Siporth, issed or printed and or registered and		$\times \alpha \alpha$	2 N	21 Jr. 11 C	red when reinstating)	3 3 <u>1 </u>	7/	
12,	OFFICERS AN		13			ADDITIONS/CHANGES TO (	OFFICERS AN		
TITLE NAME	D   Duran, Karen G	☐ DELI	ſ	title Name	Ì			Change	Addition
NAME STREET ADDRESS	7221 NO. STERLING AVENUE				ADDRESS				
CITY-ST-ZIP	TAMPA FL 33614			CITY-S					
TITLE	D	☐ DELE	TE 21	TITLE				Change	Addition
NAME	RIMA, VICKI			NAME					
STREET ADDRESS	6822 NO. HALE AVENUE	1822 NO. HALE AVENUE 1AMPA FL 33814		2.3 STREET ADDRESS					
CiTY-S1-ZIP TITLE	D	DELETE		2.4 CITY-ST~ZIP 3.1 TITLE				Change	Addition
NAME	ADAMS, DIANE			NAME	1				
STREET ADDRESS	3411 W. BROAD STREET		3.3	STREET	ADDRESS				
CITY-S1-ZIP	TAMPA FL 33614			3.4. CITY - ST - ZIP 4.1 TITLE		·····		1000	T care.
TITLE		[_] DELI		TITLE NAME				L. Change	Addition
NAME STREET ADDRESS	ļ				r address				
CITY-S1-74P				CITY-S					
THLE		DELI		TITLE			· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME			5.2	NAME	}				
STREET ADDRESS					ADDRESS				
TITLE		☐ DELE		CITY-S	ST-ZIP			Change	Addition
NAME	1	LJ UCC		NAME				L. Onange	L.J ROUNON
STREET ADDRESS					r address				
CITY+ST+ZIP			•	CITY-S	í				
14. I do here	by certify that the information supplie	d with this filing does no	t qualify for th	е ехе	emption stated	d in Section 119.07(3)(i), Florida S	atutes. I furth	er 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.