SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # P94000086340 (4) STYLECRAFTERS, INC. Mailing Address Principal Place of Business 6251 147 AVE N. CLEARWATER FL 34620 470 TIMBER LANE PALM HARBOR FL 34683 3a. Date of Last Report HS 3. Date Incorporated or Qualified 05/01/1995 11/28/1994 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-3280738 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite Apt #, etc 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199 032 Country Zip Country 🗶 Yes 🔲 No 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WANNOS, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 470 TIMBER LANE PALM HARBOR FL 34683 83 Zip Code 85 84 City FL 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registored Agent signature required when reinstating) Signature, typed or printed has e of registered agent and the it apply able. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Change Addition DELETE 11106 TITLE WANNOS, STEPHEN 1.2 NAME NAME 1.3 STREET ADDRESS **470 TIMBER LANE** STREET ADDRESS PALM HARBOR FL 34683 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2 1 11TLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST-ZIP CITY - ST - ZIP Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 4 1 3111.6 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY - \$1 - 2IP

ation supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes I in light on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if incorporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and 7 of Block 13 if changed, or on an attachment with an address CITY - ST - ZIP 14. I do hereby certify that the inform further certify that the information made under oath, that I am an of that my name appears in Bloc

5.1 TITLE

5.2 NAME

61 TITLE

62 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRESS

5 4 CITY - \$1 - ZIP

64 CITY - ST - ZIP

SIGNATURE:

CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

DELETE

DELETE

Change Addition

Change Addition