

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000089398 (9)**

1. Corporation Name
MARILENE'S HAND PAINTED APPAREL, INC.



Principal Place of Business
**1700 SE 15TH ST #109
FT LAUDERDALE FL 33316
1433 S.W. 1ST AVE
FT. LAUDERDALE, FL 33315**

Mailing Address
**PO BOX 350006
FT LAUDERDALE FL 33335
US**

3. Date Incorporated or Qualified **12/09/1994** 3a. Date of Last Record **03/22/1995**

2. Principal Place of Business
21 **1433 SW 1ST AVE**
Suite, Apt. #, etc.
22
City & State
23 **FT. LAUDERDALE, FL**
Zip Country
24 **33315** 25 **BROWARD** 29 Zip Country
30

4. FEI Number **APPLIED FOR - 65-0559169** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

g. Name and Address of Current Registered Agent
**RICARDS, CHARLES R
1700 SE 15TH ST #109
FT LAUDERDALE FL 33316**

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 607.0502 and 607.1509, 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 *Charles Ricards*, **CHARLES ROBERT RICARDS, PRESIDENT** 5/30/96
Signature typed or printed name of registered agent and title of office (NOTE: Registered Agent signature required when re-stating) Date:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P RICARDS, CHARLES R <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICARDS, CHARLES R	1.2 NAME
STREET ADDRESS	1700 SE 15TH ST #109	1.3 STREET ADDRESS
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME VP RICARDS, MARILENE F
STREET ADDRESS		2.3 STREET ADDRESS 1700 SE 15TH ST #109
CITY-ST-ZIP		2.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33316
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 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)(c), 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 or changed or on an attachment with an address.

SIGNATURE: *Charles Ricards*, **CHARLES ROBERT RICARDS, PRESIDENT** 5/30/96 **(954) 463-3433**
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (12/95)