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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000092548 (4)

FILED Apr 17 1998 8:00am Secretary of State

LADY C	DY PRODUCTS, INC.					
Principal Place of Business		Mailing Address		I INDEFENDE LID LOUIT NIGHT BOTTS BOTTS BOTTS BOTTS IN	MAR 40001 DANA BADDA FOAR 1001	
517 ENDERBY ROAD		517 ENDERBY ROAD				
CHULUOTA FL 32766 CHULUOTA FL 32766					DO NOT WRITE IN THIS	PRACE
					3. Date Incorporated or Qualified	SPACE
					01/01/1995	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		59-3293302	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional
22		27		5, Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28	,	. <u> </u>	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes or has paid the c	
24	25	29	30		Personal Property Tax due June 30.	Yes No
S, Name and Address of Current Registered Agent CAITLI LADDY W 81 Name					10. Name and Address of New Registere	Agent
	ITH, HARRY W		Ľ	Traine		_
517 ENDERBY ROAD CHULUOTA FL 32766			8	Street Add	dress (P.O. Box Number is Not Acceptable)	
Un Un	ULUU IA FL 32/66		ا	3		
			8	4 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statu	iles. the abo	ve-named cor		
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 register 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
•	in tamilal with and accept the ob-	rgations of, Section 607.0000, I	ioriua otatu	.03.		
SIGNATURE	Stonature, typed or printed name of registered a	igent and title if upplicable. (NO	1E Registered	gent signature requ	uired when reinstating) DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	D DELETE		1.1 TITL			Change Addition
NAME	SMITH, HARRY W	1.2 NAME		E		
STREET ADDRESS	\$17 ENDERBY ROAD		1.3 STRI	ET ADDRESS		
CITY-ST-ZIP	CHULUOTA FL 32766		1.4 CITY-ST-ZIP			
TITLE	DELETÉ		2.1 TITL			Change Addition
NAME	SMITH, DYMPNA		2.2 NAM			
STREET ADDRESS	517 ENDERBY ROAD CHULUOTA FL 32766		2.3 STREET ADDRESS			
CITY-ST-ZIP	CHOCOTA PE 32/66	DELETE	2 4 CITY-ST-ZIP			☐ Change ☐ Addition
TITLE NAME	•		3.1 TITL 3.2 NAM	i i		Curande C Workloss
STREET ADDRESS	NRECC			·		
CITY-ST-ZIP				ET ADDRESS -ST-ZIP		
TITLE			4.1 TITL	····		Change Addition
NAME			4. 2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			4.4 City			
TITLE		DELETE	5.1 TITL			Change Addition
NAME			5.2 NAV			. –
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			5.4 CITY			ļ
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAM	Ε		
STREET ADDRESS			6.3 STRE	ET ADDRESS		İ
CITY-ST-ZIP			6.4 CITY	- ST- ZIP		

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

Dympna m. Smith