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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P94000092961**

Principal Place of Business

CITY-ST-ZIP

BUMMIN' IN THE SUN BEACHWEAR, INC.

	AST EACH FL 32459	P.O. BOX 32 DESTIN FL 32540			DO NOT WRITE IN THIS	SPACE		
US		US			3. Date Incorporated or Qualifed 12/22/1994	<u> </u>		
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	$-\Box$	Applied For	
21	iaca di Basilloss	26			59-3298328	-	Not Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.7	5 Additional	
22	ir, 0.00	27			5. Certifcate of Status Desired	Fee	Required	
City & Stat	e	City & State			6. Election Campaign Financing	\$5.0	00 May Be	
23		28			Trust Fund Contribution	Add	ed to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year Into		_	
24	25	29 30)	- 	Personal Property Tax.	Yes	□No	
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Registered	4gent		
ION!	FO FLIZABETU A		81	Name				
3723	ES, ELIZABETH A I CR 30 A EAST		82	Street Ad	at Address (P.O. Box Number is Not Acceptable)			
SAN	ta Rosa Beach FL 32459		83					
			84	City		85 2	Zip Code	
	,			1	<u> </u>	,		
office or r agent. La	registered agent, or both, in the State m familiar with, and accept the obliga	of Elorida. Such change was auth	ODZAN DV	THE CORNOR	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appoin	itment as	s registered	
SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable. (NOTE: Re	gistered Age	nt signature requ	uired when reinstating) DATE			
12.	OFFICERS At	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	DP	☐ DELETE	1.1 TITLE			XI Chan	ige 🗌 Addition	
NAME	Jones, Elizabeth a		1.2 NAME		-			
STREET ADDRESS	P.O. BOX 32 N/A		1.3 STREE	T ADDRESS	3723 CR 30A East Santa Rosa Beach, FL 33	2450		
CITY-ST-ZIP	DESTIN FL		1.4 CITY-S	T-ZIP	Santa Rosa Beach, FL 3.			
TITLE		☐ DELETE	2.1 TITLE			Chan	ige 🔲 Addition	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	T ADDRESS				
CITY-ST-ZIP			2.4 CITY-5	ST-ZIP	A LONG MARKET THE TOTAL TH			
TITLE		☐ DELETE	3.1 TTLE			☐ Chan	ige 🔲 Addition	
NAME		_	3.2 NAME		e in the second of the second	-	<u></u>	
STREET ADDRESS		· · · · · · · · · · · · · · · ·	3.3 STREE	TADDRESS				
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			☐ Char	nge 🗌 Addition	
NAME '			4. 2 NAME					
STREET ADDRESS			4.3 STREE	TADDRESS			Ì	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		Cha-	nge	
TITLE		☐ DELETE	5.1 TITLE			☐ Char	rge LI Addition	
NAME			5.2 NAME					
STREET ADDRESS				T ADORESS			.	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		FT Ch	ago Ct Addisin-	
TITLE		☐ DELETE	6.1 TITLE	ļ.		☐ Char	nge 🗌 Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS			Ì	

14. I hereby 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, with all other like empowered. SIGNATURE:

6.4 CITY-ST-ZIP

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90240 028 ***150.00