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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

P95000004486 (3)

SUITABLE ENSEMBLES INCORPORATED

Principal Place of Business Mailing Address				T TOUTING THE TOURS OF THE TOUR	88111 88110 88111 88111 81811 81881 81881 48118 8118
2745 NIGHT HAWK CT. LONGWOOD FL 32779		2745 NIGHT HAWK CT. LONGWOOD FL 32779			
				3. Date Incorporated or Qualified 01/17/1995	3a. Date of Last Report
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-330209	Not Applicable
Suite, Apt. 4		Suite. Apt. #, etc 27	W	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Crty & State		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Ζιρ 24	Gountry 25	Ζ/p	Country 30	8. This corporation has flability for Florida Statutes	r intangible tax under s. 199.032, is. No
	9. Name and Address of Cu			10. Name and Address of New	
			81 Na	une	Trogramme Trogramme
REVER	, TWILA				
	IGHT HAWK CT.		82 Str	reet Address (P.O. Box Number is Not Accepta	able)
	YOOD FL 32779		83		
LONGI	100016 02116				
			84 Cit	у	FL 85 Zip Code
or registere familiar wit SiGNATURE:	ed agent, or both, in the State of find, and accept the obligations of, sometimes treatment of the state of pointed name of registrations.	Florida, Studh change was autho Section 607,0505, Florida Statu agestavitus, tagsisalis	prized by the corporate	ed corporation submits this statement for the point's board of directors. Thereby accept the ap	pointment as registered agent. I am
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	fresident,	DELETE	1 THILE		Change 🔲 Addition
NAME	Fresident Twila Beyer 2745 Night Fre Longwood, Fl.		1.2 NAME		
STREET ADDRESS	2745 NIGHT H	awk Ctr	1.3 STREET ADDR	FS\$	
C-TY-ST-Z-P	Longwood, Fl.	32779	1.4 CHTY+ST-ZIP		
TITLE	•	☐ DELETE	2.1111€		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDR	ESS	
CiTy - ST - ZIP			24 CITV - ST - 7IP	···	
TITLE		☐ DELFTE	3 1 III LE		Change Addition
NAME CAUSET ADDRESS			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDR	1628	
CITY - ST - ZIP TITLE		DECETE	3.4 CITY - ST - ZiP 4.1 TICLE		Change Addition
NAME		• Detere	4.2 NAME		Change Addition
STREET ADDRESS			43 STREET ADDR	100	
ļ				555	
CITY - ST - ZIP TITLE		DELETE	5 1 T-11E		Change Addition
NAME			52 NAME		shange hadden
STREET ADDRESS			53 STREET ADDR	ecc.	
CITY-ST-ZIP			5.4 CITY - ST - 7IP		
TITLE		☐ DELETE	6 11015		Change Addition
NAME		L	6.2 NAME		E a range E respondit
STREET ADDRESS			6.3 STREET ADDR	FCS	
CITY-ST-ZIP			6 4 CITY ST-ZIF		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the receiver or trusted 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

SIGNATURE: SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96 (407)774-0646

CR2E034 (12/95)