

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 # P95000011793 (3)

1. Corporation Name

THE FITTING ROOM OF PALM HARBOR, INC.



Principal Place of Business

899 WEST 18 STREET
HIALEAH FL 33010

Mailing Address

899 WEST 18 STREET
HIALEAH FL 33010

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

02/03/1995

3a. Date of Last Report

4. FEI Number

59-3298460

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

9. Name and Address of Current Registered Agent

ATHANASAKOS, ELIZABETH
1900 NE 26 ST
FT LAUDERDALE FL 33305

PAUL BONILLA JR
899 W 18 ST.
HIALEAH FL 33010

10. Name and Address of New Registered Agent

81 Name

PAUL BONILLA

82 Street Address (P.O. Box Number, Not Applicable)

895 W. 18 ST

83

84 City

HIALEAH FL

FL

85

33010

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when establishing)

DATE

PAUL BONILLA

[Signature]

8/18/96

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BONILLA, PAUL JR
STREET ADDRESS 899 W 18 STREET
CITY-ST-ZIP HIALEAH FL 33010 ☐ DELETE

TITLE VD
NAME BONILLA, RICHARD
STREET ADDRESS 899 W 18 STREET
CITY-ST-ZIP HIALEAH FL 33010 ☐ DELETE

TITLE STD
NAME BONILLA, MARIA
STREET ADDRESS 899 W 18 STREET
CITY-ST-ZIP HIALEAH FL 33010 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(k), 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 in Block 14 if changed, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

PAUL BONILLA

3/14/96

Daytime Phone #

CR2E034 (12/95)