

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

FILED

May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000025245

1. Corporation Name
Jill's Tropically Hip, Inc.

Principal Place of Business

1007 Duval Street
Key West, FL 33040

Mailing Address

1007 Duval St.
Key West, FL 33040

3. Date Incorporated or Qualified

3/8/95

3a. Date of Last Report

4. FEI Number

65-0592840

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

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Monroe

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30. Monroe

9. Name and Address of Current Registered Agent

Jill Shaddow
1007 Duval Street
Key West, FL 33040

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 607.1508, 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: Jill Shaddow

(NOTE: Registered Agent signature required when resigning)

DATE

4/23/97

12. OFFICERS AND DIRECTORS

TITLE: Jill Shaddow Dir
NAME: Jill Shaddow
STREET ADDRESS: 1007 Duval Street
CITY-STATE-ZIP: Key West, FL 33040

☐ DELETE

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: ☐ Change ☐ Addition
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY-STATE-ZIP:
☐ Change ☐ Addition

2.1 TITLE: ☐ Change ☐ Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-STATE-ZIP:
☐ Change ☐ Addition

3.1 TITLE: ☐ Change ☐ Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-STATE-ZIP:
☐ Change ☐ Addition

4.1 TITLE: ☐ Change ☐ Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-STATE-ZIP:
☐ Change ☐ Addition

5.1 TITLE: ☐ Change ☐ Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-STATE-ZIP:
☐ Change ☐ Addition

6.1 TITLE: ☐ Change ☐ Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY-STATE-ZIP:
☐ Change ☐ Addition

14. I do 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 stated 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jill Shaddow 4/23/97 305 295-4088

CR2E034 (9/96)