## 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

P95000027367 (8) **DOCUMENT #** 

**BUTTONS & BOWS, ENTERPRISES, INC.** 

**FILED** Apr 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 232 N.E. 12TH AVENUE 232 N.E. 12TH AVENUE APT. 405 APT. 405 DO NOT WRITE IN THIS SPACE HALLANDALE FL 33009 HALLANDALE FL, 33009 3. Date Incorporated or Qualified 04/03/1995 2. Principal Place of Business 2a. Mailing Address Applied For 65-0676177 Not Applicable 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 8. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MILLER, PHYLLIS C 232 N.E. 12TH AVE Street Address (P.O. Box Number is Not Acceptable) **APT. 405** HALLANDALE FL 33009 83 84 City 11. Pursuant to the provisions of Sections 60° 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 and accept the appointment as registered agent. (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change TITLE WASILEWSKI, CHRISTINIE NAME 1.2 NAME CR2E034 232 N.E. 12TH AVENUE APT. 405 STREET ADDRESS 1.3 STREET ADDRESS HALLANDALE FL 33009 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition MILLER, PHYLLIS C NAME 2.2 NAME 232 N.E. 12TH AVENUE APT. 405 STREET ADDRESS 2.3 STREET ADDRESS HALLANDALE FL 33009 CITY-ST-ZIP 2.4 CITY-\$1-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5 1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 application with an address.

6.4 CITY-ST-ZIP

SIGNATURE: