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 #

1. Corporation Name

Elmers Fashions, Inc.

P95000029881

Principal Place of Business

4135 Martin Luther King Blvd. 2520 NE 5th Ave
Ft. Myers, Fl 33916 Cape Coral, Fl 33909

3. Date Incorporated or Qualified: 01/95	3a. Date of Last Report: n/a		
4. FEI Number: 65-0565113		☐ 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 Lee Co.
22 4135 Martin Luther King Blvd
23 Ft. Myers Fl.
24 33916 25 Lee

26 2520 NE 5th Ave.
27 Suite, Apt. #, etc.
28 Cape Coral, Fl
29 33909 30 Lee

9. Name and Address of Current Registered Agent

ELMER SAUERS
2520 N.E. 5th Avenue
Cape Coral, Florida 33909

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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable — (NOTE: Registered Agent's signature required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ELMER SAUERS 2520 NE 5th AVENUE CAPE CORAL, FL 33909	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	TREASURER BARBARA A. SAUERS 2520 NE 5TH AVENUE CAPE CORAL, FL 33909	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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***225.00

8/1/96

CR2E034 (12/95)

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)(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.

SIGNATURE: Elmer Sauers 6-6-96 941-772-9207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ELMER SAUERS