

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000037363 (5)

1. Corporation Name

PEARL'S FASHIONS, INC.



Principal Place of Business

Mailing Address

2302 MAPLEWOOD DR  
GREENACRES FL 33415

2302 MAPLEWOOD DR  
GREENACRES FL 33415

2. Principal Place of Business

2a. Mailing Address

21 457 Greenway Circle

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 CANAWA, FL

28 City & State

24 33465

25 USA

29 Zip

30 Country

3. Date Incorporated or Qualified

05/09/1995

3a. Date of Last Report

NOT APPLICABLE

4. FEI Number

65-0588379

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

10. Name and Address of New Registered Agent

WALLAS, JAMES  
2302 MAPLEWOOD DR  
GREENACRES FL 33415

81. Name

PEARL WALLAS

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

2302 MAPLEWOOD DRIVE

84. City

GREENACRES

FL

85. Zip Code

33415

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

James G. Smith 1/17/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME LIM, OK JA  
STREET ADDRESS 2302 MAPLEWOOD DR  
CITY-ST-ZIP GREENACRES FL 33415

TITLE D  
NAME WALLAS, JAMES  
STREET ADDRESS 2302 MAPLEWOOD DR  
CITY-ST-ZIP GREENACRES FL 33415

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1. 1. TITLE PD  
2. 2. NAME PEARL WALLAS  
3. 3. STREET ADDRESS 2302 MAPLEWOOD DRIVE  
4. 4. CITY-ST-ZIP GREENACRES, FL 33415

2. 1. TITLE  
2. 2. NAME  
3. 3. STREET ADDRESS  
4. 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

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 199.07(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 689, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: x

PEARL WALLAS 1/17/96 (407) 588-4191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)