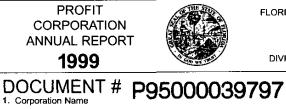
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

LOVELY LADY, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90081 026 ***150.00

Principal Place of Business Mailing Address					F 10011008 (14 1018) 01511 40119 00111 00111 00	80 11810 1 9 111 10010	
3003 E 11TH CT PANAMA CITY FL 32401		3003 E 11TH CT PANAMA CITY FL 32401		DO NOT WRITE IN TH	IS SDACE		
					3. Date Incorporated or Qualifed	3 SPACE	
					' <u>-</u>		
2 D-:	ace of Business	2a. Mailing Address			05/18/1995 4. FEI Number	Ani	plied For
Z. Principal Pi	ace of Business	— ·			- 59-3329981	<u> </u>	t Applicable.
Suite, Apt.	# etc	Suite, Apt. #, etc.		-		\$8.75 A	
22	#, 0 10.	27			5. Certifcate of Status Desired	Fee Red	,
	City & State City & State		· · · · ·		6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	- 1
Zip	Country	Zip	Cour	itry	8. This corporation owes the current year	ntangible	
24	25	29	30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registere	d Agent	
				81 Name			
NGUYEN, PHU STEVE			ŀ	82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
3003 E 11TH CT							
PAN	AMA CITY FL 32401			83			
			ŀ	84 City		■ 85 Zip C	ode
					F	— ; .l.	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	tnorized	by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as rec	jistered
SIGNATURE							
	Signature, typed or printed name of registered age		<u> </u>	Agent signature require		ALID DIDECTO	
12.		ND DIRECTORS	13.	-	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
TITLE	D DIE DE LE CONTRE LE CONT	□ oereie	1.1 TITI	1		Grizingo	
NAME	NGUYEN, PHU STEVE		1.2 NA				
STREET ADDRESS	3003 E 11TH CT			REET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL 32401	☐ DELETE	2.1 TITI	Y-\$T-ZIP		Change	Addition
TITLE			2.2 NA	į			
NAME				REET ADDRESS			
STREET ADDRESS		•		Y-ST-ZIP			
CITY-ST-ZIP TITLE		□ DELETE	3.1 TITI			☐ Change	☐ Addition
NAME		_	3.2 NA	i			
STREET ADDRESS			4	REET ADDRESS			
CITY-ST-ZIP				ry-st-zip			
TITLE		☐ DELETE	4.1 TIT			☐ Change	☐ Addition
NAME			4. 2 NA	ME			Ì
STREET ADDRESS			4.3 STF	REET ADDRESS			
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP			
TITLE		☐ DELETE	51 TIT			☐ Change	Addition
NAME			5.2 NA	ME			
STREET ADDRESS			5.3 STI	REET ADDRESS			
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP			
TITLE		☐ DELETE	6.1 TIT	LE		☐ Change	☐ Addition
NAME			6.2 NA	ME			
STREET ADDRESS			6.3 ST	REET ADDRESS			1
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP			ì

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 an attachment with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #