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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000042210 (1)

THREE GIRLS, INC.

**DOCUMENT #** 

Mailing Address Principal Place of Business 410 BELVEDERE COURT 410 BELVEDERE COURT PUNTA GORDA FL PUNTA GORDA FL 3. Date Incorporated or Qualified 3a. Date of Last Report 05/31/1995 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 28 23 This corporation has liability for intangible tax under s 199.032, Florida Statutes
Yes 33<u>45</u> Country Country 33450 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name TAMBASCO, ERNEST Street Address (P.O. Box Number is Not Acceptable) 410 BELVEDERE COURT 83 **PUNTA GORDA FL** City

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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature require	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE	1. 1 TITLE	☐ Change ☐ Addition
NAME	TAMBASCO, ERNEST	1.2 NAME	
STREET ADDRESS	410 BELVEDERE COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	Change Addition
NAME		22 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GURPA, FL 33910	2 4 CITY-ST-ZIP	
TITLE	☐ DELETE	3 1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 C(TY - ST - ZIP	
TITLE	☐ DELETE	4. 1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY - ST - ZIP	
TITLE	DELETE	6. 1 TITLE	☐ Change ☐ Add:tion
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. Ido 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)(4). 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:

SIGNING OFFICER OR DIRECTOR