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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortha

Secretary of State DIVISION OF CORPORA JONS

1997

301 1/2 CENTRE STREET FERNANDINA BEACH FL 32034

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

DOCUMENT # P95000067753 (0)

26

MYRA'S FASHIONS, INC.

Principal Place of Bus	siness	Mailing Add	dress

Country

301 1/2 CENTRE STREET FERNANDINA BEACH FL 32034-4240

2a. Mailing Address

City & State

TOUGLOWIDE LOKE Rhounds T

Suite, Apt #, etc.

FILED Jul 18 1997 8:00am Secretary of State

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8. This corporation has liability for intangible tax under s. 199.032,

3. Date Incorporated or Qualified

09/01/1995

59-3333150

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

04/10/1996

24	[25]]29]	[30]	,			Florida Statut						1
	9. Name and Address of Cui	rent Registered Agent		ļ		<u>1</u>	0. Name and A	ddress of N	ew Registere	d Agent			-
BURGESS, GRANVILLE C ESO		81	Name										
	1/2 CENTRE STREET			82	Street Ad	ddress	(P.O. Box Numb	er is Not Ac	ceptable)]
FERI	NANDINA BEACH FL 32034			83									
				63									
				84	City					85 Z	ip Code	>	1
				<u> </u>					F]
office or r agent. I a	to the provisions of Sections 607, registered agent, or both, in the Si im familiar with, and accept the of	usuz and 607.1508, Florida Sta ate of Florida. Such change wa digations of, Section 607.0505,	itutes, the a as authorize Florida Sta	d by tutes	the corpo s.	oration's	lion submits this s board of direct	statement to ors. I horeby	or the purpose raccept the a	e of changin ippointment	g its reg as regis ▼	jistered stered	
SIGNATURE	Signature, typed or printed name of registered	appet and tile if confession	NOTE Registere	4.000	ol signature re	on word ut	- Lorente de la constante de l		DATE				ļ
<u></u>		AND DIRECTORS	13.	o war	ni, signacijie ip	equirea wi	ADDITIONS/CI	ANGES TO			IAI 2GO	12	10
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CITY-ST-ZIP	HILLIARD FL 32046		1	171. CT									Ğ
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NAME			6.2 N	AME									1
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CITY-ST-ZIP			6.4 C										
informatic Lam an o	by certily that the information sup- on indicated on this annual report ifficer or director of the corporation in Block 12 or Block 13 if changed	or supplemental annual report n or the receiver or trustee emp	is true and a sowered to d	accu	rate and ti	that niv	signature shall b	ave the san	ne legal effect	as if made	under o	ath; tha	

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