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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9600030619 1. Corporation Name

LOVE & DEVINE INC.

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90214 045 ***150.00



Principal Place	of Business	Mailing Address			A 160-160-1 He lette state sells		
975 NE 94 STR		975 NE 94 STREET					
MIAMI SHORES FL 33138		MIAMI SHORES FL 33138		DO NOT WRITE IN THIS	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					04/03/1996		
Principal Place of Business 2a. Mailing Address					4. FEI Number	F	Applied For
21		26		65-0670315	1	lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	•	Additional	
22		27		at definition of detailed desired	Fee F	Required	
City & State		City. & State		6. Election Campaign Financing	\$5.00 May Be		
		Zip Country		Trust Fund Contribution		to Fees	
Zip	Country	⊢		у	8. This corporation owes the current year Int	angible Yes	XX No
24	25	129 3	0]		Personal Property Tax. 10. Name and Address of New Registered		252410
	9. Name and Address of Curren	r vedistelen våeur	81	Name	10. Haile and Addiess of Hell Registers	· 19	
ANKLE, CHRISTOPHER							
	NE 94 STREET	82 Street Ad		2 Street A	ddress (P.O. Box Number is Not Acceptable)		
	VII SHORES FL 33138		8:	3			
						Jan I av	
			84	'	FL	. `	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the abov	ve-named co	orporation submits this statement for the purpose of	changing in	ts registered
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Such change was autr tions of, Section 607.0505, Florid	nonzed by a Statute	y the corpor s.	ation's board of directors. I hereby accept the appoi	innem as i	registered
SIGNATURE	, ,						
	Signature, typed or printed name of registered ager			ent signature req	ADDITIONS/CHANGES TO OFFICERS AN	ים מופרכו	OBS IN 12
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	Change	
TITLE	P ANIZI E CUDICEODUED	[] DEFEIG	1.1 TITLE			change	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME	ANKLE, CHRISTOPHER		1.2 NAME				
STREET ADDRESS	975 NE 94 STREET			ET ADDRESS			
CITY-ST-ZIP	MIAMI SHORES FL 33138	□ DELETE	1.4 CITY- 2.1 TITLE	ST-ZIP		Change	Addition
TITLE	V AND C MADIC LOUICE		2.1 THE				
NAME	ANKLE, MARIE-LOUISE			i			
STREET ADDRESS	975 NE 94 STREET			ET ADDRESS			}
CITY-ST-ZIP			2. 4 CITY- 3.1 TITLE		<u> </u>	Change	Addition
TITLE		["] OCEFUE	3.1 INLE				
NAME	·		ľ	ET ADDRESS			
STREET ADDRESS			3.4. CITY-				
CITY-ST-ZIP		☐ DELETE	4.1 TITLE			☐ Change	e Addition
NAME		<u> </u>	4. 2 NAME				_
NAME STREET ADDRESS			4	ET ADDRESS			
			4.3 STRE				
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE			Change	e
NAME		[5.2 NAME	I .			_
\				ET ADDRESS			
STREET ADDRESS			5.4 CITY-				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			☐ Change	e Addition
!			6.2 NAME			J	
NAME				ET ADDRESS			
STREET ADDRESS							

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 artress, with all other like empowered.

SIGNATURE:

Marie-

Marie-Louise Ankle, Vice-President 04-29-99 Daytime Phone #