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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORFORATIONS

DOCUMENT # P9600031057 (8)

TERESA'S FASHION STUDIO, INC.

FILED Mar 14 1997 8:00am Secretary of State



Principal Place of B	Mailing	Mailing Address 3807 S TUTTLE AVE SARASOTA FL 34239-6412							.,		
3807 S TUTTLE AVE SARASOTA FL 34239						·					
							3. Date Incorporated or Qualified 04/03/1996	3a . Da	to of L	ast Re	port
2. Principal Place	of Business	2a. Ma	iling Address				4. FEI Number	^	T	Ap	plied For
21	26	26				65-06580	91		No	. Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.						\$8.	.75 A	dditional
22	27	27				5. Certificate of Status Desired		F	ee Re	quired	
City & State			y & State	·			6. Election Campaign Financing		\$5	์ กก	May Be
23		28					Trust Fund Contribution				o Fees
Zip	Country	Zip		Countr	Country		8. This corporation has liability for i	ntangihle:			
24	25	29		30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
	Name and Address of Curr		d Agent	100			10. Name and Address of New Re-		gent		
ZAROLO:	TNY, STEVE			81	Na	amo					
	STREET NORTH STE 406	5		Ĺ	1						
	J	82 Street Ad			reet Addre	Idress (P.O. Box Number is Not Acceptable)					
FINELLY	S PARK FL 34666			83	: 						
				"							
				84	Ci	ty		P 3	85	Zip C	ode
	The the state of t				<u> </u>			FL	$\perp \perp$		
office or regist	a provisions of Sections 607.05 ered agent, or both, in the Sta miliar with, and accept the obl	te of Ftorida. S	Such change was	authorized b	y the	med corpo corporation	oration submits this statement for the p on's board of directors. I hereby accep	urpose of it the appo	onang Dintme	nt as i	egistered
SIGNATURE	ure typed or printed name of registered a					mature require	od when reinstating)	ĐA1E			
12,		ND DIRECTOR		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIREC	CTORS	3 IN 12
TITLE			DELETE	1.1 TIFLE					☐ Ch		Addition
NAME TE	RESA SZCZYPI ROM S TUTTL ARABOTA FL	NIKA		1.2 NAME							_
STREET ADDRESS 2.	em court	E	/E	1.3 STREE	LADDE	ocue					
STREET ADDRESS	SUI S TUIT	24	220			1					
CITY-ST-ZIP S	HAMADIN TO			1.4 GHY- 2.1 HILE	51-ZIF				☐ Ch	anne	Addition
			L_ Office						L ()	ange	
NAME				2.2 NAME							
STREET ADDRESS				2.3 STREE		1					
CITY-ST-ZIP			D perete	2. 4 CITY-	S1 - ZH	P					
TITLE			☐ DELETE	3.1 1/116					L Ch	ange	Addition
NAME				3.2 NAME		l					
STREET ADDRESS				3 3 STREE	1 addi	RI SS					
CITY-ST-ZIP				3.4. CHY-	ST - 718	Р		· · · · · · · · · · · · · · · · · · ·			
TITLE			☐ DELETE.	4.1 TINEF					☐ Ch	ange	Addition
NAME				4 2 NAME							
STREET ADDRESS				4.3 STRLE	I ADDR	RESS					
CITY-ST-ZIP				4.4 Cr1Y-	ST-ZIP						
TITLE	·····		DELLIE	5 1 Till f					☐ Ch	ange	Addition
NAME				5.2 NAMÉ							
STREET ADDRESS				5.3 \$1R£0	anna r	erss					
Ÿ				- 1		F					
CITY-ST-ZIP TITLE			DELETE	5.4 CITY - 6.1 1II (f	31.71				☐ Ch	anne	Addition
			וווווו וו						니	ange	ווטוווטטא ()
NAME				6.2 NAME							
STREET ADDRESS				6.3 STR(E		i					
CITY-ST-ZIP			·»	6.4 CITY-	ST - 7:P	<u> </u>					···

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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 atlachment with an address.

X 2-11-07