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 # P96000031057

TERESASS FASHION STUDIO INC

Principal Place of Business

Mailing Address

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90085 046 ***150.00

Principal Place of Busiliess	Ividining Address		-				
1657 10th ST	1657 10 TH		1				
SARASOTA FL 34236	DTA FL 34236 SARASOTA FL 34236		,	DO NOT WRITE IN THIS SPACE			
,			-		 	O OFACE	
				3. Date Incorporated o			
				APRIL 03 1	1996	T 1.	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	1	— —	plied For
21	26			65-065 <u>809</u> 1	<u></u>		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status	Desired		Additional
	27					Fee Re	equired
City & State	City & State			6. Election Campaign I	Financing	\$5.00	May Be
23	28	-		Trust Fund Contribu	tion	Added	to Fees
Zip Country	Zip	Country		8. This corporation owe	es the current year I	ntangible	
24 25	29	30	1	Personal Property T	ax.	☐ Yes	yE]No
9. Name and Address of Curre	ent Registered Agent			Name and Address	s of New Registere	d Agent	
			ame	~			
STEVE ZABOLOTNY				GAWRON			
8800 49TH ST N SUITE 406-5			reet Address	(P.O. Box Number is N	P ^{oc} Praste	601	
0000	34666	83	·				
PINELLAS PARK FL	34000						
		84 Ci	ity			85 Zip	76 ⁴
			CLEAR	WATER	F		
Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the onlice.	02 a d 607 1508, Florida Statute	s, the above-na	med corporal	tion submits this statem	ent for the purpose	of changing its	registered
office or registered agent, or both, in the State	e of Florida. Such change was au alionadi. Section 607.0505. Flori	itnonzed by the ida Statutes.	corporation s	board of directors. The	reby accept the app	Official as re	gistered
1/1/47//					04/1	4/99	
SIGNATURE Signature, type for printed name of registress as	pent and title if applicable (NOTE:	Registered Agent sign	ature required who	en reinstating)	DATE		
	ND DIRECTORS	13.		ADDITIONS/CHANGI	ES TO OFFICERS A	AND DIRECTO	ORS IN 12
<u> </u>	ERESA DELETE	1.1 TITLE P	SZ	CZYPINSKA	TERESA	Change	☐ Addition
1 DEDETITION II		1.2 NAME	24				
3007 3 1011 11 1		1.3 STREET ADD	1 -		34239		
STREET ADDRESS SARASOTA FL 34239		\ 3		RASOTA FL	34233		
CITY-ST-ZIP	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE				Change	Addition
TITLE							
NAME	2.						
STREET ADDRESS		2.3 STREET ADD	RESS				
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	<u> </u>				
_TITLE	DELETE	3.1 TITLE				Change	Addition
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADD	RESS				
CITY-ST-ZIP		3,4, CITY-ST-ZIP	,]				
TITLE	DELETE	4.1 TITLE				Change	☐ Addition
NAME		4, 2 NAME	- [
		4.3 STREET ADD	RESS				
STREET ADDRESS							1
CITY-ST-ZIP	☐ DELETE	44 CITY-ST-ZIP				Change	Addition
TITLE	☐ DELETE	5.1 TITLE 5.2 NAME				- Outlings	
NAME		1	DE CO				
STREET ADDRESS		5.3 STREET ADD)				h
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE	☐ DELETE	6.1 TITLE				Change	Addition
NAME `.		6.2 NAME					
STREET ADDRESS		6.3 STREET ADD	RESS				
CITY-ST-ZIP		64 CITY-ST-ZIP					
(3.1. 0. 2.1		-					

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/99

Daytime Phone #

RSE034 (11/98)