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 CORPORATIONS

POCUMENT # P96000042306 (6)

FASHION BLUES, INC.

Principal Place of Business

2200 LUCIEN WAY #450
MAITLAND FL 32781

Mailing Address

2200 LUCIEN WAY #450
MAITLAND FL 32781

FILED May 06 1997 8:00am Secretary of State



MAITLAND FL 32781		MAITLAND FL\32751-7030						
					3. Date incorporated or Qualified 05/17/1996	3a. Date of	Last Report	
· ·	ace of Business	2a. Mailing Address		4. FEI Number		Applied For		
21		26 1.0.60X 476/		59-3381646		Not Applicable		
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		3.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing	\$	5.00 May Be		
23		28 ON UNOUN	سا		Trust Fund Contribution		Added to Fees	
Zip	Country	2250 7 164 1	Country	CA	8. This corporation has liability for in	ntangible 🔊 u	inder s. 199.032,	
24	25	29 3600 7961 30	\cup	13/4		Yes No		
	9. Name and Address of Current				10. Name and Address of New Reg	jisteréd Ageni	<u>t</u>	
B&C CORPORATE SERVICES OF CENTRAL FLORIDA				81 Name				
390	NORTH ORANGE AVENUE #110)		82 Street Address (P.O. Box Number is Not Acceptable)				
ORL	ANDO FL 32801							
			83					
			84	City		FL 85	Zip Code	
11. Pursuant t	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the above	e-named co	progration submits this statement for the or	urnose of char	ving its registered	
office or re agent. I ar	egistered agent, or both, in the State in familiar with, and accept the obligations.	of Florida. Such change was autr tions of, Section 607.0505, Florid	norized by la Statutes	the corpo	orporation submits this statement for the puration's board of directors. I hereby accept	t the appointm	ent as registered	
	Signature, typed or printed name of registered age:	it and title it applicable (NOTE Re		ent signature ve	quired when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE			
TITLE	D	DELETE	1.1 TITLE	-1/t	(S T,	□ c	hange 🔼 Addition	
NAME	GINSBURG, ALAN H		1.2 NAME		Han H. GIASburg	<u>_</u>		
STREET ADDRESS	2200 LUCIÉN WAY #450		1.3 STREET	ADDRESS 2	200 Lucien way ste. 4	>0		
CITY-ST-ZIP	MAITLAND FL 32751		1.4 CHY- S	3 - 71P d	noutland (FL '32751			
TITLE		☐ DELETE	21 TITLE	V	IP and	□ c	hange X.Addition	
NAME	,		22 NAME	3	ay P. Brock	UCT		
STREET ADDRESS	•		2.3 STREET		200 Lucien way. Ste.	720		
CITY-ST-ZIP			2 4 CITY-5	ST-71P	partland 182 32751			
TITLE		☐ DELETE	3111114	ſ		□ c	hange Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY - 5	ST-ZIP				
TITLE		☐ DELETÉ	4.1 TITLE			□ c	hange Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY - S	T- ZIP				
TITLE		DELETE	5.1 TALE			C	hange	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	1- <i>2</i> 1P				
TITLE		DELETE	6.1 TITLE			C	hange Addition	
NAME			6.2 NAME					
STREET ADDRESS	/		6.3 STREET	ADDRESS				
CITY-ST-ZIP	1		6.4 CITY - S	1- ZIP				
14 Ldo horob	u partifu that the information surviving	with this filing does not qualify to	or the eve		ad in Castion 110 07/9/6) Clarkets Ctat. 4	1.6 - 45	(

4. 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 Statutes. I further certify that the information indicated on this annual report of 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 changes, or on an attachment with an address.

CALATURE 4/22/67 407/10/00-11/00