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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000042306**1. Corporation Name

FASHION BLUES, INC.

		i)		
Principal Place of Business Mailing Address 1551 SANDSPUR RD. P.O. BOX 4961								
MAITLAND FL	32751	ORLANDO FL 32802 US				DO NOT WRITE IN THIS SPACE		
		US				3. Date Incorporated or Qualified 05/17/1996	S SPACE.	ļ
2. Principal Place of Business 2a. Mailing Address 26						4. FEI Number 59-3381646	F 4 '	oplied For of Applicable
Suite, Apt		Suite, Apt #, etc				5. Certificate of Status Desired []	\$8.75 / Fee Re	
City & Stal		City & State				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip 24	Country 25 9. Name and Address of Curren	Zip [29] t Registered Agent		stry		8. This corporation owes the current year I Personal Property Tax 10. Name and Address of New Registere	[Yes	[INo
			}	81	Name	10. Nume and Admess of New Negistere	, Ageill	
B&C CORPORATE SERVICES OF CENTRAL FLORIDA				82 Street Addr		ess (P.O. Box Number is Not Acceptable)		
,	NORTH ORANGE AVENUE #110	0	1	- 1	Sher (Finne	as it o too number is the More parties		
UKL	ANDO FL 32801			83				
			j	84	City	F	L 85 Zip i	Code
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was	authorized	by f	named corpo lhe corporatio	oration submits this statement for the purpose or ris board of directors. I hereby accept the app	of changing its ointment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered ages	rando a Trada i		1	Lacy athrenogens)	who mandatage DATE		
12.		D DIRECTORS	1 Hegeleccii/ ■ 13.	4,021	Seg. all the trequebal	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	DPST	[DELETE	1 Ont	F	ļ	ADDITION OF THE CONTRACTOR OF	[Change	noubthA[]
NAME	GINSBURG, ALAN H		12 NAI	şl+	:	50000285	8865	1[]
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CITY-S1-ZIP	MAITLAND FL 32751		14 Cit	Y-5*	26	****150.0		150.00 [
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NAME	BROCK, JAY P		2.2 NA	.15				
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14. Thereby 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 that is 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 anual officer or director of the corporation of the corporation of the corporation of 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 changled, or or an attachment with an address, with all other like empowered.

SIGNATURE:

AY P. RROC