SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 OCT 14 AM 10:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P96000049350 (7)**

1. Corporation Name
DAVID'S BRIDAL OF JACKSONVILLE, FL, INC.

Principal Place of Business
44 W. LANCASTER AVE.
SUITE 250
ARDMORE PA 19003

Mailing Address
44 W. LANCASTER AVE.
SUITE 250
ARDMORE PA 19003

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/10/1996**
3a. Date of Last Report:
4. FEI Number: **65-0214563** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 9400 ATLANTIC BLVD
22 Suite, Apt. #, etc.
23 City & State: JACKSONVILLE FLORIDA
24 Zip: 32205 25 County: DUVAL

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Signature, type or print name of registered agent, and title if applicable) (NOTE: Registered Agent's signature required when filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	ERLBAUM, STEVEN	
STREET ADDRESS	44 W. LANCASTER AVE.	
CITY-ST-ZIP	ARDMORE PA 19003	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19

1.1 TITLE	PRESIDENT / C.O.O	☐ Change	☑ Addition
1.2 NAME	ROBERT HUTH		
1.3 STREET ADDRESS	721 WINDSWEPT LANE		
1.4 CITY-ST-ZIP	FRANKLIN LAKE NJ 07417		
2.1 TITLE	SR. VICE PRESIDENT / C.F.O.	☐ Change	☑ Addition
2.2 NAME	EDWARD TOMECHKO		
2.3 STREET ADDRESS	44 W. LANCASTER AVE. SUITE #250		
2.4 CITY-ST-ZIP	ARDMORE PA 19003		
3.1 TITLE	VICE PRESIDENT	☐ Change	☑ Addition
3.2 NAME	SHELLY SHAPIRO		
3.3 STREET ADDRESS	44 W. LANCASTER AVE - Suite #250		
3.4 CITY-ST-ZIP	ARDMORE PA 19003		
4.1 TITLE		☐ Change	☐ Addition
4.2 NAME	700002322597---5		
4.3 STREET ADDRESS	-10/16/97---01110---018		
4.4 CITY-ST-ZIP	****550.00 ****550.00		
5.1 TITLE		☐ Change	☐ Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		☐ Change	☐ Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

CR2E034 (4/97)

14. 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 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.

SIGNATURE: [signature] 10/14/97