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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90069 035 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000052871

1. Corporation Name

C B'S DOLL PALACE, INC.



Principal Place of Business
3725 C SOUTH ACCESS ROAD
ENGLEWOOD FL 34223

Mailing Address
2825 S MCCALL RD
TIFFANY SW UNIT 7 BOX 46
ENGLEWOOD FL 34224
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1996

4. FEI Number

65-0674702

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 the current year intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 2825 S. MCCALL RD.

Suite, Apt. #, etc.

27 TIFFANY SQUARE-UNIT 7

City & State

28 ENGLEWOOD FL

Zip

Country

29

34224

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BICKES, GERALDINE
3725 C SOUTH ACCESS ROAD
ENGLEWOOD FL 34223

81 Name BICKES, GERALDINE

82 Street Address (P.O. Box Number is Not Acceptable)

2825 S. MCCALL RD.

83 TIFFANY SQUARE-UNIT 7

84 City

ENGLEWOOD

FL

85 Zip Code

34224

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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

Geraldine Bickes, GERALDINE BICKES, PRESIDENT

4/26/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME BICKES, GERALDINE
STREET ADDRESS 13583 FORESMAN BLVD.
CITY-ST-ZIP PORT CHARLOTTE FL 33981

TITLE ☐ DELETE

NAME BICKES, CHARLES W JR.
STREET ADDRESS P.O. BOX 930091
CITY-ST-ZIP WIXOM MI 48393-0091

TITLE ☐ DELETE

NAME CARLU, DONALD
STREET ADDRESS 4576 KEMPSON LANE
CITY-ST-ZIP PORT CHARLOTTE FL 33981

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

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:

Charles W. Bickes, Jr.

4/26/99

248-926-9644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (11/98)