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PROFIT CORPORATION ANNUAL REPORT

1999

CITY-ST-ZIF



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 25, 1999 8:00 am **Secretary of State**

02-25-1999 90067 047 ***150.00

DOCUMENT # P9600054119 1. Corporation Name ELIZABETH DAWN, INC. Mailing Address Principal Place of Business 7922 SAILBOAT KEY BLVD. 7922 SAILBOAT KEY BLVD. DO NOT WRITE IN THIS SPACE SOUTH PASADENA FL 33707 SOUTH PASADENA FL 33707 3. Date Incorporated or Qualifed 06/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 59-399290 26 21 **\$8.75** Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 28 23 Country Country Zip 8. This corporation owes the current year Intangible X Yes 30 Personal Property Tax. 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent. 81 Name FISHER. DAWN E Street Address (P.O. Box Number is Not Acceptable) 82 7922 SAILBOAT KEY BLVD. # 206 83 SOUTH PASADENA FL 33707 Zip Code 8A City 85 17. 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 of fice 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ Addition ☐ DELETE 1.1 TITLE TITLE 1.2 NAME NAME FISHER, DAWN 7922 SAILBOAT KEY BLVD., #206 1.3 STREET ADDRESS STREET ADDRESS SOUTH PASADENA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ Change ☐ Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered

CR2E034 (11/98)