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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000069339 (5)

RAGS TO RICHES FINE DETAILING, INC.

Principal Place of Business	Mailing Address
4701 S.W. 45TH STREET	4701 S.W. 45TH STREET
DAVIE FL 33314	DAVIE FL 33314-3999

FILED
May 05 1997 8:00am
Secretary of State

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				 Date Incorporated or Qualified 08/19/1996 		Date of Last Report	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		oplied For	
SAME AS	5 26 ABONE			65-0730489	ł N	lot Applicable	
Suite, Apt #, etc.	Suite, Apt. #, etc.	, , , , , , , , , , , , , , , , , , , 		5. Certificate of Status Desired	\$8.75	Additional lequired	
City & State	City & State			Election Campaign Financing Trust Fund Contribution		May Be	
Zip Country	Zip	Country	·	8. This corporation has liability for i	ntangible tax under	s. 199.032,	
24 25	29 3	30			Yes 🗷 No		
9. Name and Address of Curre	ent Registered Agent		······	10. Name and Address of New Re	gistered Agent		
NIBBE, JEANNETTE A		81	Name	SAME			
4701 S.W. 45TH STREET		82					
DAVIE FL 33314							
		83					
		84	City		85 Zip	Code	
		100	Unity		FL T		
 Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stati agent. I am familiar with, and accept the oblig SIGNATURE. 	gations of, Section 607,0505, Flori	ida Statutes	S			s registered	
Signature Type-dior printed name of registered ag			ent signature requ	ired when reinstating)	DATE DIRECTO	50 11 10	
12. OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	Change	Addition	
THE PRESTUENT	L. Dettere	1.1 TITLE	1		Em) Criange	[] Modition	
THE PRESTIPENT PROFESSION PROPERTY STORE ADDRESS 4730 50 66711 TERE CHY-SI-ZIP DONIE TO 33314	_	1.2 NAME			,		
STREET ADDRESS 4730 300 60 11	•	1.3 STREET	1				
	DELETE	1.4 CITY - S	IT-ZIP		Channe	Lateria	
THE	E' DECEIE	2.1 TITLE	l		Change	Addition	
NAME		2.2 NAME					
STREET ADDRESS		23 STREET	1				
City-St-ZiP	DELETE	2.4 CITY-5	ST-ZIP		I Obsess	Addition	
TITLE	L' Deteir	3.1 TITLE			L Change	Magnon.	
NAMÉ		3.2 NAME		feq.	+ 1/9		
STREET ADDRESS		3.3 STREET					
CITY-ST-7IP	DELETE	3.4. CITY-5	ST-ZIP		Channe	1.440	
TITLE	ET DECEIE	4.1 TITLE	-		L. Change	Addition	
NAME		4. 2 NAME	i				
STHEFT ADDRESS		4.3 STREET	, .)				
CiTY - \$1 - ZiP	☐ DELETE	4.4 CITY - S	37 - ZIP		Change	Addition	
TITLE	L) DELEIE	5.1 TITLE	Į		L Change	L_ ADDITION	
NAME		52 NAME					
STREET ADORESS		5.3 STREET					
CIFY - ST - ZIP		5.4 CITY - 9	ST-ZIP			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TIFLE	☐ DEFELE	6.1 TITLE	1		Change	Addition	
NAME		6.2 NAME					
STHEET AUDRESS		63 STREET	ADDRESS				
CITY-ST-ZIF		6.4 DITY-5					
14. I do hereby certify that the information suppli information indicated on this annual report or I am an office or director of the corporation appears in Block 12 or Block 13 if changed,	or the recaiver or trustee empowe	ered to exec	emption state urate and tha cute this repo	ad in Section 119.07(3)(i). Florida Statute at my signature shall have the same lega ort as required by Chapter 607, Florida S	 I further certify the ill effect as if made us statutes; and that my 	it the nder oath; tha name	

INATURE: Note of PRINTED NAME OF SIGNING OFFICER OF DIRECTOR STORE MORE 4/21/97 954-791-428