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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000076951 (8)

DANIELLE'S FASHIONS, INC.

FILED Apr 03 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2616 8TH STREET WEST 2616 9TH STREET WEST LEHIGH ACRES FL 33936 **LEHIGH ACRES FL 33936** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>09/11/1996</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 21 65-0695277 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box 23 28 Trust Fund Contribution Added to Fees Country Žip Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name RICHARDSON, BELINDA G 2616 8TH STREET WEST Street Address (P.O. Box Number is Not Acceptable) 82 **LEHIGH ACRES FL 33936** 83 84 City 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE RICHARDSON, BELINDA G E034 NAME 1.2 NAME 2616 8TH STREET WEST STREET ADDRESS 1.3 STREET ADDRESS LEHIGH ACRES FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE ☐ Addition 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS City-St-ZIP 2. 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.8 STREET ADDRESS CITY - ST - ZIP 4 4 CITY-ST-7IP ☐ DELETE Change TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. 1 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 sensual report or supplied 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:

3-36-98

41-369-4669

Prohoudson

3-26-98