

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.)

APPROVED *pg 19/2*
AND
FILED

1997 JUL 22 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000079280 (9)

1. Corporation Name
VOWS, A WEDDING ESTABLISHMENT, INC.



Principal Place of Business
**10860 S.W. 38TH DRIVE
DAVIE FL 33328**

Mailing Address
**10860 S.W. 38TH DRIVE
DAVIE FL 33328**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/23/1996	3a. Date of Last Report
4. FEI Number 65-0699070	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

**SHELDON EVANS, P.A.
6175 NW 153RD STREET
SUITE 215
MIAMI LAKES FL 33014**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	EMERY, KAREN A	
STREET ADDRESS	10860 S.W. 38TH DRIVE	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	EMERY, MARC J	
STREET ADDRESS	10860 S.W. 38TH DRIVE	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WOLFMAN, SHERYL L	
STREET ADDRESS	C/O 10860 S.W. 38TH DRIVE	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WOLFMAN, MORTON	
STREET ADDRESS	C/O 10860 S.W. 38TH DRIVE	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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******165.00 ****165.00**

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 a address.

CR2E034 (4/97)

Vows

A WEDDING ESTABLISHMENT, INC.

pg 2 of 2

9170 State Road 84 ♥ Davie, Florida 33324 ♥ (954) 472-1186 ♥ (954) 472-4046 fax

July 17, 1997

Annual Reports Filing
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: P96000079280

Enclosed please find our check in the amount of \$165 for the annual corporation report.
Please be advised that we never received the first notice.

If you have any questions, please contact our office.

Sincerely,

Karen Ann Emery

Karen Ann Emery
President