FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600093189

Corporation Name

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90077 005 ***150.00

LORE 'N MORE, INC.								
}	,					i yaayiday kir yayid ahiik rakii barii barii barii b		
Drive in al Dise	a of Division	14-10 6-44			_ .			
Principal Place of Business Mailing Address								
4322 S. CLARK AVENUE TAMPA FL 33611 TAMPA FL 33611						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed		
1	•					11/08/1996		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number .	A	pplied For
21		26				59-3409115		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired	\$8.75 Fee R	Additional equired
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
23	28				Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Into		
24	25		30			Personal Property Tax.	Yes	X No_
 	9. Name and Address of Curren	it Registered Agent		81	Name	10. Name and Address of New Registered	Agent	
CUR	RY, MARY K	•	i		1481116			
4322 S. CLARK AVENUE				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
TAMPA FL 33611			ĺ	83			- -	
	•							
				84	_	<u> </u>		Code
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1508, Florida Statute: of Florida, Such change was au	s, the at thorized	bove l by	e-named corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoin	changing it: itment as re	s registered egistered
agent. I a	m familiar with, and accept the obliga-	tions of, Section 607.0505, Flori	da Statı	ıtes.			100	1
SIGNATURE	Signature, typed or printed name of registered agen	Ref	- N-4-2-4		t signature required	04/27	199	{
12.		ID DIRECTORS	13.	Agen	s signature required	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	ORS IN 12
TITLE	D	☐ DELETE	1.1 111	LE.		<u></u>	☐ Change	☐ Addition
NAME	CURRY, MARY K		1.2 NA	ME	ł			1
STREET ADDRESS	4322 S. CLARK AVENUE		1.3 STREE		ADDRESS			ì
CITY-ST-ZIP	T41404 FL 40044		1.4 CIT	ry-St	r-zip			
TITLE			2.1 TIT	LE			Change	Addition
NAME	BURSHAM, SUZANNE C		2.2 NA	ME				{
STREET ADDRESS	2107 W. WATROUS AVENUE 23		2.3 ST	2.3 STREET ADDRESS		•		
CITY-ST-ZIP	TAMPA-FL 33606		2.4 CI	TY-S	T- ZIP			
TITLE	D	DELETE	3.1 TIT	lΕ			Change	Addition
NAME	BURSHAN, SAMIR K		3.2 NA	ME	}			<u> </u>
STREET ADDRESS	2107 W WATROUS AVENUE		3.3 ST	REET	ADDRESS			1
CITY-ST-ZIP	TAMPA FL 33606		3.4. CI		T-ZIP			
πιε		☐ DELETE	4.1 717				Change	☐ Addition
NAME								1
STREET ADDRESS			4.2 N					
			4.3 STI	REET	ADDRESS			
CITY-ST-ZIP		□ og etc	4.3 STI 4.4 CIT	REET	i		Change	Addition
TITLE		☐ DÉLETE	4.3 STI 4.4 CIT 5.1 TIT	REET IY-ST LE	i		☐ Change	☐ Addition
TITLE NAME		☐ D£LETE	4.3 STI 4.4 CIT 5.1 TIT 5.2 NA	REET IY-ST LE ME	r-zip		☐ Change	Addition
TITLE NAME STREET ADDRESS		☐ DÉLETE	4.3 STI 4.4 CIT 5.1 TIT 5.2 NA 5.3 STI	REET TY-ST LE ME REET	ADDRESS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.3 STI 4.4 CIT 5.1 TIT 5.2 NA	REET LE	ADDRESS		☐ Change	Addition
TITLE NAME STREET ADDRESS			4.3 STI 4.4 CIT 5.1 TIT 5.2 NA 5.3 STI 5.4 CIT	REET LE ME REET LY-ST	ADDRESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

SUMPLES OF PRINTED RESIDENCE C. BURSHAM

4 26 99

813 -839-46S8 Daytime Phone #

K2E034 (11/98