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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 13 1998 8:00am

Secretary of State

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DOCUMENT # P96000094984 (7)

THE WEDDING COLLECTION, INC.

Principal Place of Business Mailing Address									C INDICADA DIA 1911A AMIN ODRI DARI BANK DAKA DAKA DAKA 1911A DAMA DAKA KANI BANI BANI BANI BANI BANI BANI BANI	
9802-13 BAYMEADOWS ROAD 9802-13 BAYMEADOWS RO JACKSONVILLE FL 32256 JACKSONVILLE FL 32256)			DO NOT WRITE IN THIS SPACE
										3. Date incorporated or Qualified 01/01/1997
2. Principal P	lace of Busi		2a. Mailing Address						4. FEI Number Applied For	
21				26						59-3410603 Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.						5. Certificate of Status Desired Section 5. Section 5. Certificate of Status Desired Fee Required
City & State				City & State						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country			-		Zip Coun			,		8. This corporation owes or has paid the current year Intaggible
24 25			2	9	30					Personal Property Tax due June 30. 🔲 Yes 📝 No
9. Name and Address of Curren				giste						10. Name and Address of New Registered Agent
į AA	MERILAWY	ER CHARTERE	0				81		Name	
1	13 ALMERIA					82	1	Street Addre	ss (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134							83	-		
							84	L	Ob	OR 7in Code
							04	['	City	FL 85 Zip Code
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 12. OFFICERS AND DIRECTORS							tegistered Agent signature requ		signalure required	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
YITLE	PSD	0110	CU2 VIATS (SI	11.0	DELETE		1.1 TETLE			Change Addition
NAME		E, KIMBERLY S				- 1	1.2 NAME		ļ	
STREET ADDRESS		VS ROAD		· ·			ΑĐ	DRESS		
CITY-ST-ZIP JACKSONVILLE FL 32256							1.4 CITY-ST-ZIP		Ì	
TITLE	VID				DELETE		2.1 TITLE			Change Addition
NAME MILLER, ROGER W							2.2 NAME			
STREET ADDRESS 9802-13 BAYMEADOWS ROA				23			2.3 STREET ADDRESS		DRESS	
CITY-ST-ZIP JACKSONVILLE FL 32256				2.4			2 4 CITY-ST-ZIP		ZIP	
TITLE					DELETE		3.1 TITLE			☐ Change ☐ Addition
NAME	i						3.2 NAME			
STREET ADDRESS						:	3.3 STREET	AD	DRESS	
CITY-ST-ZIP							3.4. CITY-ST-ZIP		ZIP	
TITLE							4.1 TITLE			☐ Change ☐ Addition
NAME	i						4. 2 NAME			
STREET ADDRESS						- 1	4.3 STREET		· ·	
CITY-ST-ZIP					DELETE		4.4 CITY - S	1-1	ZIP	
TITLE	1				☐ DÉLETE		5.1 TITLE			Change Addition
NAME							5.2 NAME			
STREET ADDRESS						- 1	5.3 STREET		ł	
CITY-ST-ZIP	-				DELETE	_	5.4 CITY - 5	1-2	ZIP	☐ Change ☐ Addition
TITLE					רו הנונונ		6.1 TITLE			Change Addition
NAME							6.2 NAME			
STREET ADDRESS							6.3 STREET		1	
CITY-ST-ZIP							6.4 CITY - S	1-2	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 supplieriental 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.