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FILED
Jul 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000103288 (2)

1. Corporation Name

SPECIALTY FASHIONS & DESIGNS, INC.



Principal Place of Business

Mailing Address

1891 MAHAFFEY CIR
LAKELAND FL

1891 MAHAFFEY CIR 5951 High Glen Dr
LAKELAND FL Lakeland, FL 33813

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1052 US Hwy 92 West

Suite, Apt. #, etc.

22

City & State

23 Auburndale, FLORIDA

Zip

24 33823

Country

25

2a. Mailing Address

26 5951 High Glen Dr

Suite, Apt. #, etc.

27

City & State

28 Lakeland FL

Zip

29 33813

Country

30

USA

3. Date Incorporated or Qualified

12/19/1996

4. FEI Number

59-3415414

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

MEDINA, DAMARIS P
1891 MAHAFFEY CIR
LAKELAND FL

10. Name and Address of New Registered Agent

81 Name Daniel Medina

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

83 4921 Southfork Drive

84 City Lakeland

FL

85 Zip Code

33813

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Daniel Medina

Daniel Medina

6/22/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME MEDINA, DAMARIS P
STREET ADDRESS 1891 MAHAFFEY CIR
CITY-ST-ZIP LAKELAND FL

TITLE ☐ DELETE

NAME PENA, LIDIA
STREET ADDRESS 6927 W COMANCHE AVE
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Vice-President
1.3 STREET ADDRESS Medina, Damaris P.
1.4 CITY-ST-ZIP 5951 High Glen Dr.
Lakeland, FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME President
2.3 STREET ADDRESS Peña, Lidia
2.4 CITY-ST-ZIP 6927 W. Comanche Ave
Tampa, FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 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.

SIGNATURE: Damaris P Medina Vice-President 6/22/98 (911) 603-1092

CR2E034 (10/97)