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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700035134

1. Corporation Name

KAREN'S DOLLS & THINGS, INC.

Principal Place of Business 1502 HENDRICKS AVE					<u> </u>	81 1868	
JACKSONVILLE FL 32207 US JACKSONVILLE FL 32207 US DO NOT WRITE IN Th IS SPACE 3. Date incorporated or Qualified O4/18/1997 April 4ed For Not Applicable Suite, Apt. #, etc. 28 ZL Condon Hill Lane 59 34 42075 Suite, Apt. #, etc. 29 ZL Condon Hill Lane 59 34 42075 Suite, Apt. #, etc. 27 City & State City & State City & State 20 Zip Courtry 21 Zip Courtry 22 Zip Courtry 23 JSS-9 30 US 9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 11. Pursuant to the provisions of Sictions 607.0502 and 607.1508, Florida Statutes. The above-named corporation boated of infractors. Thereby accept the abigations of, Section 607.0505, Florida Statutes. SIGNATURE The Applicable for the provisions of Sictions 607.0502 and 607.1508, Florida Statutes. Note of the provisions of Sictions 607.0502 and 607.1508, Florida Statutes. 11. Pursuant to the provisions of Sictions 607.0502 and 607.1508, Florida Statutes. 12. OFFICERS AND DIRECTORS SIGNATURE The Applicable for the obligations of, Section 607.0505, Florida Statutes. 13. ADDITIVINS/CHANGES TO OFFICERS ND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIVINS/CHANGES TO OFFICERS ND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIVINS/CHANGES TO OFFICERS ND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIVINS/CHANGES TO OFFICERS ND DIRECTORS IN 12 12. NAME SEGRIST, MRCHAEL S STEET ADDRESS 21. HALLOWES DR S CITY-ST-2P NAME SEGRIST, MICHAEL S STEET ADDRESS 21. HALLOWES DR S THE OFFICERS IN DIRECTORS IN 12 12. Condon Hill Cane 13. Addition 14. The Condon Hill Cane 15. Certific to of Status Desired 15. Certific to of Status Desired 16. Election Comparing Financing 55. Certif	Principal Plac	ce of Business	Mailing Address		([22]) (12 [21]) (13 [21])		
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12.01 HAYS STREET TALLAHASSEE FL 32301-2525 82 Street Acidress (P.O. Box Number is Not Acceptable) 13. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named or provision submit is this statement for the purpose of charging its legistered 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 applications of Section 607.0505, Florida Statutes. SIGNATUFE Signature, type or before the obligations of, Section 607.0505, Florida Statutes. 12. OFFICIERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PT DELETE 1: TITLE SIEGRIST, KAREN C 12 NAME SIEGRIST, KAREN C 12 NAME SIEGRIST, KAREN C 13 STREET ADDRESS 14 CITY-ST-ZIP U Dod bits & GA 3 1 5C-9 TITLE VPS DELETE 2: TITLE SIEGRIST, MICHAEL S 22 NAME SIEGRIST, MICHAEL S 22 NAME SIEGRIST, MICHAEL S 22 STREET ADDRESS 211 HALLOWES DR S 22 STREET ADDRESS 21 STREET ADDRESS 21 STREET ADDRESS 21 STREET ADDRESS 21 STREET ADDRESS 22 STREET ADDRESS 21 ST	<u> </u>	3. Hallie Mila Place	<u></u>	81 Name /A			
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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 attact treen with an address, with all other like empowered.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5 3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

44 CITY-ST-ZIP

4 1 TITLE

4 2 NAME

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52 NAME

6.1 TITLE

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SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

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TITLE

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1704-396-9277

Change

Change

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