## 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

DOCUMENT # **P97000039549 (5)** 

SHEILA A TOUCH OF ELEGANCE, INC.

**FILED** 

Jun 01 1998 8:00am

Secretary of State

Principal Plac	e of Business	Mailing Ac	Idress			- Cradisibas via sasiv sadiv adisi adisir adisir adisir adisir adiab siyid idigir bisir bisir bisir bisir bisir
8269 LEM TURNER ROAD 9269 LEM TURNER ROAD						
JACKSONVILLE FL 32208-2272 JACKSONVILLE FL 32208-2			272			
•						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						05/01/1997
<del></del>	lace of Business	2a. Mailing	Address			A. FEI Number Applied For
21	U -A-	26]				S9-343546 Not Applicable
Suite, Apt	#, 8tC.	} <u>-</u>	Apt. #, etc.			5. Certificate of Status Desired  \$8.75 Additional
City & Stat		[27] City & 5	State			Fee Required
23	•	28	Stato			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	7ip		Country		
24	25]	29	30	n ´	•	B. This corporation owes or has paid the current year Intangible     Personal Property Tax due June 30.  Yes  No
571	9. Name and Address of Curre			<u></u>		10. Name and Address of New Registered Agent
FI	OWARDS, SHEILA	······································		81	Name	
	69 LEM TURNER ROAD					
JACKSONVILLE FL 32208-2272			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)	
OF.	IONOONNECE I'E OZEGO ZEIZ			83	<b>-</b>	
•				84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Spetions 607 050	12 and 607 1508	Florida Statutos	the above	e-namod co	orporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State	eol Florida, Such	change was auth	orized by	z the corpo	oration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the oblig	lations of, Section	n 607.0505, Floria	a Statute	S.	
SIGNATURE	Signature typed or printed name of registered ag-	ont and title if anni-cabl	e INOTE: Be	agistered Agr	ent signature rei	equired when reinstating) DATE
12.		ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	OWDER.	<del></del>	DELETE	1.1 TITLE		MUNEY - 1 Change Addition
NAME	a hoila Edwar	2 d c		1.2 NAME		Ahoila Edwards DI
STREET ADDRESS	Parties Turn	λολ	i	1.3 STREET	AODRESS	A A TUP NEW 10
CITY-ST-ZIP	Kackson Ville	F 33 21	84	14 CITY-S		Jacksonville, FL 32208
TITLE			DELETE	2.1 TITLE	/1	☐ Change ☐ Addition
NAME			_	2.2 NAME	ľ	
STREET ADDRESS				2.3 STREET	ADDRESS	
CITY-ST-ZIP				2. 4 CITY-		
TITLE	······································		DELETE	3.1 TITLE	51 211	☐ Change ☐ Addition
NAME				3.2 NAME		, _
STREET ADDRESS			1	3.3 STREET	ADDRESS	
CITY-ST-ZIP				3.4. CITY-		
TITLE			DELETE	4.1 TITLE	ψ1 £11	Change Addition
NAME				4. 2 NAME		
STREET ADDRESS				4.3 STREET	ADDRESS	
CITY-ST-ZIP				4.4 CITY-S		
TITLE			DELETE	5.1 TITLE	211	Change Addition
NAME				5.2 NAME		300002545013
STREET ADDRESS				5.3 STREET	<b>ADINSEGG</b>	-06/02/9801087037
CITY-ST-ZIP				5.4 CITY-S		***150.00
TITLE			DELETE	6.1 TITLE	n - £IF	करूक हु उत्तर्भात्। ☐ Change ☐ Addition
NAME				6.2 NAME		
STREET ADDRESS				6.3 STREET	ADOBECC	
CITY-ST-ZIP				6.4 CITY - S		1/2
OTT TO TELL			1	ט"ווערט	11 411	/ <b>/</b>

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 ogh; that I am an officer or director of the convertion 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 charged, or on an attackurent with an address.

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