

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 #

7/4/97
WONDERFUL THINGS JUST FOR YOU INC.

Principal Office of the business

Mailing Address

6200 Coconut Terrace
Plantation, FL 33317

6200 Coconut Terrace
Plantation, FL 33317

DO NOT WRITE IN THIS SPACE

2. Principal Office of the business

21. State of Florida

22. Date of Report

23. City & State

24. Country

25. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

3. Date incorporated or qualified

7/4/97

4. FEI Number

☒ 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

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

☒ Yes ☐ No

8. Name and Address of Current Registered Agent

Charlene Hayes
6200 Coconut Terrace
Plantation, FL 33317

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
agent, as required, and, in 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, and I understand and accept the obligations of Section 607.0505, Florida Statutes.

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

D
Charlene Hayes
6200 Coconut Terrace
Plantation, FL 33317

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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***150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(i), Florida Statutes. I further certify that the information
supplied on this 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
the list of officers and directors on an attachment with an address.

SIGNATURE:

Charlene Hayes

5/1/98

Signature and typed or printed name of signing officer or director

Date

Signature File No. 0014106

CR2ED34 (10/97)