**PROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

# Sep 14, 1999 8:00 am Secretary of State 09-14-1999 90002 046 \*\*\*150.00

# OCUMENT # P 97000064200

Corporation Name

MS. E	'S PLACE INC.		`									
6701	o of Business S. KISSIMEE STREET	. 4	alling Address 324 GREEN ST		•		( 1081KI (II					
TAMPA, FL 33616 TAMPA, FL 3360							· ·	DO NOT WRITE IN THIS SPACE				
			•				3. Date incurpo	rated or Qualifed $3/1997$	·			
Principal Place of Business Suite, Apt. #, etc.			Mailing Address			4. FEI Number	4. FEI Number 59-34589,14			Applied For Not Applicable		
			Suite, Apt. #, etc.								\$8.75 Additional	
			27				5. Certificate of	5. Certificate of Status Desired Fee Required				
City & State			Cly & State				Trust Fund C		L.)	Adde	0 May Bo d to Fees	
Zip	Country 25	29	Zip	Cou 30	กโร		Personal Pro	tion owes the cur operty Tax.		Yes	<b>X</b> INo	
	9. Name and Address of Curren	Rogis	tered Agent	· · · · · · · · · · · · · · · · · · ·	81	Name	10, Name and	Address of New	Registered A	Aim		
MARY E BRYANT 4324 GREEN STREET					82	1	Idress (P.O. Box Num	ber is Not Accep	table)	<del></del>	<del></del>	
	FL 33607				83	<b> </b> -				***		
• • • • • • • • • • • • • • • • • • • •					84	City	<u> </u>	FI		85 Zip Coda		
GNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation of the color	il nevi litte	N Applie nine. (NO		Áge		ulted when reinstative) ADDITIONS/	CHANGES TO O	FFICERS AN	D DIREC	CTORS IN 12	
IF PRETAINMESS	PRESIDENT   MARY E BRYANT   4324 GREEN STREET		_	1.3 S		T ADDRESS						
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-REELVAANGE	s				STRE	E ANORESS	·					

Thereby certify that the Information supplied with this tiling 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 only; that I am an 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 only; that I am an other or director of the corporation or the receiver or furstee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name opposes in there is a Richard or or an attachment with an aridiness, with all other like empowered.

### HØWARD MC KNIGHT, P.A.

#### CERTIFIED PUBLIC ACCOUNTANT

614897

1936 E.HILLSBOROUGH AVENUE TAMPA, FL 33610 PHONE (813) 237-4496 FAX (813) 237-0132

September 7, 1999

State of Florida Annual Reports Filing P. O. Box 6327 Tallahassee, FL 32314

Re: Waiver of Penalties on behalf of Ms. B's Place, Inc., EIN 59-3458914.

Dear Sir or Madam:

Enclosed is a check for \$150.00 for the annual report fee. Today, the Officer of the corporation, Mary Bryant, realized that the annual report had not been filed.

The enclosed report was typed from the 1998 annual report. Mrs. Bryant do not recall receiving the original copy.

Because of the above facts, we are requesting a waiver of the penalties due to reasonable cause. Your consideration will be deeply appreciated.

Sincerely yours,

Howard Mc Knight

Certified Public Accountant