

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90126 024 ***165.00

DOCUMENT # P97000064481

1. Corporation Name

HEAD TO TOE FASHIONS, INC.

Principal Place of Business

10211 PINES BLVD.
SUITE 200
PEMBROKE PINES FL 33028

Mailing Address

15 WEST 22ND STREET
INDIANAPOLIS IN 46208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1997

4. FEI Number

65-0768973

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 3741 N SHERMAN DRIVE

Suite, Apt. #, etc.

22 City & State
23 INDIANAPOLIS, IN

24 Zip 46208 25 Country MARION

2a. Mailing Address

26 10211 PINES BLVD

Suite, Apt. #, etc.

27 200
28 City & State
29 PEMBROKE PINES FL

30 Zip 33026 31 Country BROWARD

9. Name and Address of Current Registered Agent

STRONG, BARBARA C.P.A.
3401 N.W. 202ND STREET
MIAMI FL 33056-1722

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 607.1508, 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 accept the obligations of, Section 607.0595, Florida Statutes.

SIGNATURE

Tommy G. Sells

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 PD ☐ DELETE

NAME KEYE, MARIE
STREET ADDRESS 6614 MAPLE GROVE DRIVE
CITY-ST-ZIP INDIANAPOLIS IN 46260

TITLE SD ☐ DELETE

NAME WELLINGTON, EDMONIA
STREET ADDRESS 759 ROACHE
CITY-ST-ZIP INDIANAPOLIS IN 46208

TITLE VPD ☐ DELETE

NAME WELLINGTON, TIM
STREET ADDRESS 10211 PINES BLVD., SUITE 200
CITY-ST-ZIP PEMBROKE PINES FL 33028

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Tommy G. Sells
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/99 (317) 562-9490

CR2E034 (11/98)