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Jun 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mertham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000064536 (0)

1. Corporation Name

TROPICAL BRIDALS, INC. OF SOUTH FLORIDA

Principal Place of Business

8511 N.W. 24 STREET  
SUNRISE FL 33322

Mailing Address

8511 N.W. 24 STREET  
SUNRISE FL 33322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1997

4. FEI Number

65-0593915

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

COLEMAN, ANTHONY G JR.  
6194 NORTH FEDERAL HIGHWAY  
BOCA RATON FL 33487

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent or director if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	COLEMAN, ANTHONY G JR.	
STREET ADDRESS	8511 N.W. 24 STREET	
CITY-ST-ZIP	SUNRISE FL 33322	

TITLE	D	DELETE
NAME	SHIRLEY A. ANSBAUGH	
STREET ADDRESS	8511 NW 24th Ct	
CITY-ST-ZIP	SUNRISE, FL 33322	

TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

11 TITLE	D	Change	Addition
12 NAME	SHIRLEY A ANSBAUGH		
13 STREET ADDRESS	8511 NW 24th Ct		
14 CITY-ST-ZIP	SUNRISE, FL 33322		

21 TITLE		Change	Addition
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			

31 TITLE		Change	Addition
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			

41 TITLE		Change	Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			

51 TITLE		Change	Addition
52 NAME	500002550215		
53 STREET ADDRESS	-06/08/98--01007--003		
54 CITY-ST-ZIP	***150.00		

61 TITLE		Change	Addition
62 NAME			
63 STREET ADDRESS			
64 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 to an address.

SIGNATURE:

Shirley A. Ansbaugh

6/29/98

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7496400

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