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FILED
May 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Myrtham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000066952 (7)

1. Corporation Name

FANCY FANTASY'S COSTUMES INC.

Principal Place of Business

3645 NORTH HIGHWAY, 19-A
MOUNT DORA FL 32757

Mailing Address

3645 NORTH HIGHWAY, 19-A
MOUNT DORA FL 32757

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1997

4. FEI Number

59-3461202

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

WOODWARD, IVAH MARIE
3645 NORTH HIGHWAY, 19-A
MOUNT DORA FL 32757

81 Name

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

4855 N. Hwy 19-A

83 City

84 State

FL

85 Zip Code

32757

10. Name and Address of New Registered Agent

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P
WOODWARD, BARBARA A
STREET ADDRESS 42009 ASH AVENUE
CITY-ST-ZIP DELAND FL 32720

TITLE ☐ DELETE

NAME V
WOODWARD, EARNEST C
STREET ADDRESS 42009 ASH AVENUE
CITY-ST-ZIP DELAND FL 32720

TITLE ☐ DELETE

NAME T
WOODWARD, CHRISTOPHER L
STREET ADDRESS 13017 FISH CAMP ROAD
CITY-ST-ZIP GRAND ISLAND FL 32735

TITLE ☐ DELETE

NAME C
WOODWARD, MICHELL L
STREET ADDRESS 31211 CHEVY CHASE
CITY-ST-ZIP MT. PLYMOUTH FL 32776

TITLE ☐ DELETE

NAME S
WOODWARD, IVAH MARIE
STREET ADDRESS 1510 INDIANA AVENUE
CITY-ST-ZIP MT. DORA FL 32757

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

Woodward Michell
522 Highland Dr
Eustis FL 32726

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.

SIGNATURE:

Ivah Marie L. Woodward 4-13-98

CR2E034 (10/97)