PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P97000069628**1. Corporation Name

EXPRESSIONS BY ANN, INC.

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Principal Place of Business	4		Mailing Address
106 S COLLINS ST PLANT CITY FL 33566		•	711 PINEDALE DR. PLANT CITY FL 33566

FILED Feb 02, 1999 8:00am **Secretary of State**

02-02-1999 90008 032 ***150.00



US						- DO NOT W	RHE IN THIS	SPACE	. :
						3. Date Incorporated or Qualit	ed		
						08/12/1997			
Bringing D	lace of Business	25 1	Mailing Address			4. FEI Number		Δr	plied For
─ 」' '	lace of Busiliess		Walling Address			1 " .		_ ·	t Applicable
21		26	·			59-3466012	•		
Suite, Apt.	#, etc.	5	Suite, Apt. #, etc.			5. Certifcate of Status Desired	· 🗆 .	\$8.75	
22		27				5. Certificate of Claus Bosines	· — —	Fee Re	quired
City & Stat	е		City & State			6. Election Campaign Financi	na	\$5.00	May Be
		28	•			Trust Fund Contribution	"g 🗆	Added	
23	Country		Zip	Country	· · · · · · · · · · · · · · · · · · ·	···			
				8. This corporation owes the o	current year m	Yes	□No		
24	25	29		30		Personal Property Tax.			
	9. Name and Address of Curr				,	10. Name and Address of Ne	w Registered	Agent	
	•	人特烈特殊	ma there are	81	Name	· .			
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2711	PINEDALE DR.			82	Street Addre	ess (P.O. Box Number is Not Acc	eptable),		
	NT CITY FL 33566			83	 	* 6.6 - 46 (15 - 515 (159) 55) \$55\\$15_\$ + \$15_\$ + \$65_\$	1 78(1) #2 1: 2 All	51 2 1010 22.03	1128: 19 : 1761
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dd Directiont	to the provisions of Sections 607.0	1502 and 607	7 1508 Florida Statute	s the above	e-named come	pration submits this statement for	the purpose of	f changing its	registered
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta im familiar with, and accept the obli	te of Florida	Such change was au	thorized by	the corporatio	n's board of directors. I hereby ac	cept the appo	intment as re	gistered
ਚੋਂ\$ agent. I a	m familiar with, and accept the obli	igations of, S	Section 607.0505, Flori	ida Statutes	3 .				,
SIGNATURE									
DIOINTOILE	Signature, typed or printed name of registered a	agent and title if a	pplicable. (NOTE:	Registered Ager	nt signature required	when reinstating) * j	DATE		
12.	OFFICERS	AND DIREC	TORS	13.		ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTO	RS IN 12
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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.