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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 03, 1999 8:00am

**Secretary of State** 

02-03-1999 90024 019 \*\*\*150.00

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000071871

STREET ADDRESS

ONCE AGAIN BOUTIQUE, INC.

Principal Place	e of Business	Mailing Address							
		12721 MCGREGOR BLVD							
		FORT MYERS FL 33919	ORT MYERS FL 33919			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed		<u> </u>	7
						08/19/1997			1
2. Principal Pl	lace of Business	2a. Mailing Address			•	4. FEI Number	Ap	plied For	] ,
21		26				65-0777112	No	t Applicable	]
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			***	5. Certificate of Status Desired	\$8.75		'';
22		27				3. Certificate of Status Desired	Fee Re	quired	_
City & State	e .	City & State				6. Election Campaign Financing	\$5.00	,	
23		28				Trust Fund Contribution	Added t	o Fees	4
Zip	Country	Zip	Coul	ntry		8. This corporation owes the current year		ml.	
24	25		30			Personal Property Tax.	Yes	(XNo	4
	9. Name and Address of Currer	nt Registered Agent		81 Nam		10. Name and Address of New Registere	ed Agent		-
DON	ALDOON, CADOL			81 Nam	e .				
	ALDSON, CAROL			82 Stree	et Addre	ess (P.O. Box Number is Not Acceptable)			1
	1 MCGREGOR BLVD					The second secon	** ** ** *** *** ** ** ** ** ** ** ** *	70-11-100-100-1	4
, FUR	T MYERS FL 33919			83		一 一种植物 总规划编数数数		鐵潔湯	
				84 City			85 Zip (	Code	
41 Diviniont	to the provisions of Sections 607.050	22 and 607 1508 Florida Statutes	s the at	nve-name	d corno	oration submits this statement for the purpose	of changing its	registered	1
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	thorized	by the co	rporatio	n's board of directors. I hereby accept the app	pointment as re	gistered	
agent. Fai	, ,	20010 01, 0000011 00110020, 11011	ue oldi	too.					
SIGNATURE						DATE			
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: F	Registered		re required	when reinstating) DATE	AND DIRECTO	DRS IN 12	88)
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	ent and title if applicable. (NOTE: F	Registered	Agent signatu	re required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS			11/98)
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered age OFFICERS AND	ent and title if applicable. (NOTE: F	Registered 13.	Agent signatu LE	re required		AND DIRECTO	PRS IN 12 ' ☐ Addition	4 (11/98)
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AND DONALDSON, CAROL	ent and title if applicable. (NOTE: F	Registered 13. 1.1 TIT 1.2 NA	Agent signatu LE ME					034 (11/98)
SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AND DONALDSON, CAROL 1308 RIO VISTA	ent and title if applicable. (NOTE: F	13. 1.1 TIT 1.2 NA 1.3 ST	Agent signatu LE ME REET ADORES					(2E034 (11/98)
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AND DONALDSON, CAROL	ent and title if applicable. (NOTE: F ND DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT	Agent signatu LE ME REET ADORES Y-ST-ZIP			Change	' ☐ Addition	R2E034 (
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AND DONALDSON, CAROL 1308 RIO VISTA	ent and title if applicable. (NOTE: F	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT	Agent signatu  LE  ME  REET ADORES  Y-ST-ZIP  LE					CR2E034 (11/98)
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AND DONALDSON, CAROL 1308 RIO VISTA	ent and title if applicable. (NOTE: F ND DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.1 TIT 2.2 NA	Agent signatu  LE  ME  REET ADORES Y-ST-ZIP  LE  ME	ss		Change	' ☐ Addition	CR2E034 (11/98)
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AND DONALDSON, CAROL 1308 RIO VISTA	ent and title if applicable. (NOTE: F ND DIRECTORS	Registered  13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST	Agent signatu  LE  ME  REET ADORES  Y-ST-ZIP  LE  ME  REET ADDRES	ss		Change	' ☐ Addition	CR2E034 (11/98)
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AND DONALDSON, CAROL 1308 RIO VISTA	ent and title if applicable. (NOTE: F ND DIRECTORS  DELETE  DELETE	Registered 13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST 2.4 CI	Agent signatu  LE  ME  REET ADORES  Y-ST-ZIP  LE  ME  REET ADDRES	ss		☐ Change	^	
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SIGNATURE  12. TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AND DONALDSON, CAROL 1308 RIO VISTA	ent and title if applicable. (NOTE: F ND DIRECTORS  DELETE  DELETE	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CI 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA	Agent signatu LE ME REET ADORES Y-ST-ZIP LE ME REET ADDRES IY-ST-ZIP LE ME	35		☐ Change	^	
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AND DONALDSON, CAROL 1308 RIO VISTA	ent and title if applicable. (NOTE: F ND DIRECTORS  DELETE  DELETE	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CI 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA	Agent signatu  LE  ME  REET ADORE: Y-ST-ZIP  LE  ME  REET ADDRE: TY-ST-ZIP  LE	35	ADDITIONS/CHANGES TO OFFICERS	☐ Change ☐ Change ☐ Change	^	
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SIGNATURE  12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AND DONALDSON, CAROL 1308 RIO VISTA	ent and title if applicable. (NOTE: F	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4. GI 4.1 TIT 4.2 NA 4.3 ST 4.4 CI 5.1 TIT	Agent signatu  LE  ME  REET ADORES  TY-ST-ZIP  LE  ME  LE  L	35	ADDITIONS/CHANGES TO OFFICERS	☐ Change ☐ Change	Addition	
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SIGNATURE  12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AND DONALDSON, CAROL 1308 RIO VISTA FORT MYERS FL 33901	ent and title if applicable. (NOTE: F ND DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4. GI 4.1 TII 4.2 NA 4.3 ST 4.4 CI 5.1 TII 5.2 NA	Agent signatu  LE  ME  REET ADORES  TY-ST-ZIP  LE  ME  LE  L	SS	ADDITIONS/CHANGES TO OFFICERS	☐ Change ☐ Change ☐ Change	Addition Addition	
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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.