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

**PROFIT CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000080378 (7)

MY SEWING ROOM, INC.

## **FILED** Apr 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						1 19511951 No 10111 15511 EDIT DATA SELL 10111 45155 (1111 10201 1551 1651
2067 S. TAMIAMI TRAIL 2067 S. TAMIAMI TRAI						
VENICE FL 3	4293	VENICE FL 34293				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						09/17/1997
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21 26						65 · 6777769 Not Applicable
Suite, Apt. #, etc.         Suite, Apt. #, etc.           22         27						5. Certificate of Status Desired S8.75 Additional Fee Required
City & State City & State						6. Election Campaign Financing \$5.00 May Be
28 28			<del>,</del> .			Trust Fund Contribution Added to Fees
Zip	Country Zip		Cou	ntry		8. This corporation owes or has paid the current year Intangible
24	25 9, Name and Address of Current	Panistared Agent	30			Personal Property Tax due June 30. X Yes No  10. Name and Address of New Registered Agent
		Hedistalan Water		81	Name	10. Name and Address of New Registered Agent
	IAWN, JOYCE					
2067 S. TAMIAMI TRAIL			}	82	Street Add	dress (P.O. Box Number is Not Acceptable)
VENICE FL 34293				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 Signapule types or printed nan e of registered agent and title if explicable (NOTE: Registered Agent signature required when reinstating)  DATE  DATE						
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Secretary/Treasurer DELETE		1.1 10	ſL€		Change Addition
NAME	Joyce E. Crawn		1.2 NA	ME		
STREET ADDRESS	The second sec		1.3 \$1	REET	ADDRESS	
CITY-ST-ZIP	Venice, FL 34292		1.4 DC		T-ZIP	
TITLE	Director		21 []]			Change Addition
NAME	Vernon J. Crawn			2.2 NAME		
STREET ADDRESS	1422 Gleneagles Drive			2.3 STREET ADDRESS		
CITY-ST-ZIP	Venice, FL 34292			2.4 CITY-ST-ZIP		Change Addition
TITLE	President			3.1 TITLE		Change Addition
NAME	Karron Williams			3.2 NAME  3.3 STREET ADDRESS		,
STREET ADDRESS	1004 valley brive				·	
CITY-ST-ZIP TITLE	AGIITOCA ET PASAS. DEIEAE			3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME	Director			4. 2 NAME		
STREET ADDRESS	Gerald Williams			4.3 STREET ADDRESS		
CITY-ST-ZIP	1684 Valley Drive		1	4.4 CITY - ST - ZIP		
TITLE			5.1 1(1		·	Change Addition
NAME			5.2 NA	ME	]	. —
STREET ADDRESS			5.3 \$1	REET	ADDRESS	
CITY-SY-ZIP			5.4 CI	TY-S	T-ZIP	
TITLE		☐ DELETE	6.1 717			☐ Change ☐ Addition
NAME			62 NA	ME	}	
STREET ADDRESS			63 ST	REET	ADDRESS	
CITY-ST-ZIP			6.4 CI			
14   boroby	positive that the information countied with	a thin tilme done not exalify t	or the ave		tion ototad is	in Continue 110 07(2)(i) Clorido Ctatutos I further contifu that the information

referely sermy mat the information supplied with this tiling does not quality 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.

941-496-8058 2-18-98