

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

FILED

Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000081780 (3)

1. Corporation Name
SISTERS ALL, INC.

Principal Place of Business
5104B GULF DRIVE
PANAMA CITY BEACH FL 32407

Mailing Address
5104B GULF DRIVE
PANAMA CITY BEACH FL 32407



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3425 Thomas Dr. 22 Suite, Apt. #, etc.		2a. Mailing Address 26 27 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09/19/1997	
23 Panama City Beach FL 24 32408 25 Country		28 29 Zip 30 Country		4. FEI Number 59-3481629 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent LEE, JEANEAN 5104B GULF DRIVE PANAMA CITY BEACH FL 32407				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	V/D/S
NAME	NEUREUTHER, NANCY	1.2 NAME	Neureuther, Nancy
STREET ADDRESS	600 SCENIC HWY #224	1.3 STREET ADDRESS	5104B Gulf Dr
CITY-ST-ZIP	PENSACOLA FL 32503	1.4 CITY-ST-ZIP	Panama City Beach, FL 32408
TITLE	D	2.1 TITLE	P/D/T
NAME	LEE, JEANEAN	2.2 NAME	
STREET ADDRESS	PO BOX 28325 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32411	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Jeanne Lee Pres.

850-233-3931

CR2E034 (10/97)