


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

FILED  
May 24, 1999 8:00 am  
Secretary of State

05-24-1999 90017 022 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000101444

1. Corporation Name  
**COUTURE, INC.**



Principal Place of Business  
775 GULF SHORE DR. #18  
854 HWY 98E  
DESTIN FL 32541  
US *Destin*

Mailing Address  
775 GULF SHORE DR. #18  
DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <i>854 Hwy 98 E</i> Suite, Apt. #, etc. 22 City & State 23 <i>Destin, FL</i> Zip Country 24 <i>32541</i> 25 <i>Okaloosa</i>		2a. Mailing Address 26 <i>Same</i> Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified <b>11/26/1997</b>	4. FEI Number <b>59-3478911</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>BERNARD, MARY L</b> 775 GULF SHORE DR. #18 DESTIN FL 32541 <i>347 Baywinds Dr Destin, FL 32541</i>		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	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOOLSBY, JUDITH GREENE	1.2 NAME	
STREET ADDRESS	40 PARK AVE 24 <i>775 Gulf Shore Dr</i>	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10016 <i>#18 Destin, FL 32541</i>	1.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNARD, STEPHEN	2.2 NAME	
STREET ADDRESS	775 GULF SHORE DR. #18 <i>347 Baywinds Dr</i>	2.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541 <i>Destin, FL 32541</i>	2.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNARD, MARY L	3.2 NAME	
STREET ADDRESS	775 GULF SHORE DR. #18 <i>347 Baywinds Dr</i>	3.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541 <i>Destin, FL 32541</i>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE:

*Mary L Bernard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6-1-99*  
Date Daytime Phone #