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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000103244 (4)**

1. Corporation Name
SORELLA'S, INC.

Principal Place of Business	Mailing Address
8200 ASTRONAUT BLVD CAPE CANAVERAL FL 32920	8200 ASTRONAUT BLVD CAPE CANAVERAL FL 32920

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/05/1997

2. Principal Place of Business	2a. Mailing Address
21 2003 N. ATLANTIC AVE	26 2003 N. ATLANTIC AVE.
Suite, Apt #, etc. 22 SUITE B.	Suite, Apt #, etc. 27 SUITE B
City & State 23 COCOA BEACH FL	City & State 28 COCOA BEACH FL
Zip / Country 24 32931 / 25 USA	Zip / Country 29 32931 / 30 USA

4. FEI Number: 59-3488425 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

TIPPER, JANET
8200 ASTRONAUT BLVD
CAPE CANAVERAL FL 32920

10. Name and Address of New Registered Agent

81 Name: JANET TIPPER
82 Street Address (P.O. Box Number is Not Acceptable): 2003 N. ATLANTIC Ave.
83: SUITE B
84 City: COCOA BEACH **FL** 85 Zip Code: 32931

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: Janet Tipper JANET TIPPER 4/15/98
(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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D TIPPER, JANET 8200 ASTRONAUT BLVD CAPE CANAVERAL FL 32920	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	VP JANET TIPPER 2003 N. ATLANTIC Ave. SUITE B COCOA BEACH, FL 32931	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITE, RENEE' 8200 ASTRONAUT BLVD CAPE CANAVERAL FL 32920	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	P RENEE' WHITE 2003 N. ATLANTIC AVE., SUITE B COCOA BEACH FL 32931	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	S/T ELLEN COLES 2003 N. ATLANTIC AVE., SUITE B COCOA BEACH, FL. 32931	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/97)

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: Janet Tipper JANET TIPPER VICE PRE (407)