

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90218 024 ***150.00

DOCUMENT # P98000016423

1. Corporation Name

MYRTLE'S EMPORIUM, INC.

Principal Place of Business

1312 E. LAS OLAS BLVD.
FORT LAUDERDALE FL 33301

Mailing Address

1312 E. LAS OLAS BLVD.
FORT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1998

4. FEI Number

65-0826719

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 816 NE 20th Drive
Suite, Apt. #, etc.

2a. Mailing Address

26 816 NE 20th Drive
Suite, Apt. #, etc.

23 City & State
Wilton Manors FL

24 Zip 33305 Country

27 City & State

28 Wilton Manors FL

29 Zip 33305 Country

9. Name and Address of Current Registered Agent

LOPEZ, VALERIANO
1312 E. LAS OLAS BLVD.
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name Kimberly Brizendine

82 Street Address (P.O. Box Number is Not Acceptable)
816 NE 20th Drive

83

84 City Wilton Manors FL

85 Zip Code 33305

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

Kimberly Brizendine

Kimberly Brizendine

4/10/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☒ Addition
1.2 NAME Eugene F. Bradshaw, IV
1.3 STREET ADDRESS 816 NE 20th Drive
1.4 CITY-ST-ZIP Wilton Manors, FL 33305

2.1 TITLE Vice President ☐ Change ☒ Addition
2.2 NAME Jorge L. Molina
2.3 STREET ADDRESS 701 NE 17th Ct.
2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33305

3.1 TITLE Secretary ☐ Change ☒ Addition
3.2 NAME Kimberly Brizendine
3.3 STREET ADDRESS 816 NE 20th Drive
3.4 CITY-ST-ZIP Wilton Manors, FL 33305

4.1 TITLE TREASURER ☐ Change ☒ Addition
4.2 NAME Jorge L. Molina
4.3 STREET ADDRESS 701 NE 17th Ct.
4.4 CITY-ST-ZIP Ft. Lauderdale, FL 33305

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
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.

SIGNATURE:

Kimberly Brizendine

Kimberly Brizendine

4/10/99

(954) 761-7200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)