

09221999-90006-032-\$550.00-\$550.00

999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #		P98000043241			
1. Corporation Name CHEAP FRILLS INC.					

FILED

99 OCT 13 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



9/22/99 90006 032 \$550.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business 11 OCEAN AVENUE OCEAN RIDGE FL 33435 701 George Bush Blvd. Delray Bch, FL 33483		Mailing Address 11 OCEAN AVENUE OCEAN RIDGE FL 33435	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
25 Country		30 Country	
3. Date Incorporated or Qualified 05/11/1998		4. FEI Number 65-0839812	
5. Certificate of Status Desired ☐		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution ☐		\$8.75 Additional Fee Required	
7. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent LEWIN, MARY 11 OCEAN AVENUE OCEAN RIDGE FL 33435		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 FL		86 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

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-STATE-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP	
owner/Pres. Mary Lewin 11 Ocean Ave Ocean Ridge, FL 33435		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP	
☐ DELETE		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP	
☐ DELETE		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP	
☐ DELETE		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP	
☐ DELETE		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	
☐ DELETE		☐ Change ☐ Addition	

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:

Mary Lewin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/99

Date

Daytime Phone #

CR2E034 (5/99)