PROFIT^{*} **CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000045420

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90074 038 ***150.00

1. Corporation N SHABBY C Principal Place of 304 SE 24TH ST CAPE CORAL FL 3	CHIC BY CONNIE & PAULA of Business	Mailing Address 304 SE 24TH ST CAPE CORAL FL 33990			DO NOT WRITE 3. Date Incorporated or Qualifed 05/18/1998			
2. Principal Place	te of Business	2a. Mailing Address	. 0	7 070016	4. FEI Number	25	<u> </u>	Applicable
Suite, Apt. #,		Suite, Apt, #, etc.			5. Certifcate of Status Desired		8.75 A Fee Rec	
City & State		City & State			6. Election Campaign Financing		\$5.00 #	
23	If was	28			Trust Fund Contribution		Added to	
Zip	Country	Zip	Coun	ry	8. This corporation owes the current			
24 539	104 25 hee		30	 	Personal Property Tax.		<u>_</u>	Z No
	9: Name and Address of Current I	Registered Agent		1 Name	10. Name and Address of New Re	gistered Age		
PHILLIS	PS, PAULA A							
304 SE 24TH ST CAPE CORAL FL 33990			Į i	Street Addre	ess (P.O. Box Number is Not Acceptab	ole)		
			<u> </u>	33				
	•			4 City		100	5 Zip C	ode
			- 1	ļ		FL	1	
office or regi agent. I am f	ine provisions of Sections ov 1992, instered agent, or both, in the State of familiar with, and accept the obligation	Florida. Such change was at	uthorized	by the corporation	oration submits this statement for the p in's board of directors. I hereby accept	the appointme	ent as reg	istered
SIGNATURE	anature is and or austral name of confetered grant 2	and the diagnicable (NOTE:	Recistered A	ent signature required	when reinstating)	DATE		====
SIGNATURE Sig	gnature, typed or printed name of registered agent a OFFICERS AND		Registered A	gent signature required	d when reinstating) ADDITIONS/CHANGES TO OFF		IRECTOR	RS IN 12
12.						ICERS AND D	IRECTOR Change	RS IN 12
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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 path; 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: