


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

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

05-05-1999 90074 038 \*\*\*150.00



<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000045420</b>					
1. Corporation Name <b>SHABBY CHIC BY CONNIE &amp; PAULA, INC.</b>					
Principal Place of Business <b>304 SE 24TH ST CAPE CORAL FL 33990</b>		Mailing Address <b>304 SE 24TH ST CAPE CORAL FL 33990</b>			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/18/1998</b>	
21	<b>3011 Del Prado Blvd</b>	26	<b>Same as above</b>	4. FEI Number <b>65-0840636</b>	Applied For <input type="checkbox"/> Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	City & State <b>Cape Coral FL</b>	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Zip <b>33904</b>	25	Country <b>USA</b>	29	Zip <b>30</b>
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>PHILLIPS, PAULA A 304 SE 24TH ST CAPE CORAL FL 33990</b>			81	Name	
			82	Street Address (P.O. Box Number is Not Acceptable)	
			83		
			84	City	85
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>12. OFFICERS AND DIRECTORS</b>					
TITLE	<b>Pres.</b>	<input type="checkbox"/> DELETE			
NAME	<b>Paula A Phillips</b>				
STREET ADDRESS	<b>304 SE 24th St.</b>				
CITY-ST-ZIP	<b>Cape Coral FL 33990</b>				
TITLE	<b>V.P.</b>	<input type="checkbox"/> DELETE			
NAME	<b>Ted Phillips</b>				
STREET ADDRESS	<b>304 SE 24th St.</b>				
CITY-ST-ZIP	<b>Cape Coral FL 33990</b>				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
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NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
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:

*Paula A. Phillips, Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-99  
Date

941-541-1918  
Daytime Phone #

CR2E034 (11/98)

0447214