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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999 P98000060095

## FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90023 008 \*\*\*150.00

SEW IN	LOVE, INC.					
Bringing Blog	o of Rusiness	Mailing Address	· <del></del>	-  I (80)(82) (46 )018) (2)() 00() 00() 60()	IN MERIT NURE DATE I	10101 4111 1881
Principal Place of Business Mailing Address 12285 79TH ST. 12285 79TH ST. FELLSMERE FL 32948 FELLSMERE FL 32948				DO NOT WRITE IN TH	S SPACE	
				3. Date Incorporated or Qualifed 07/06/1998		
2. Principal P	Place of Business	2a. Mailing Address 26		4. FEI Number 65-0871050	Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
Zip			Country	This corporation owes the current year I     Personal Property Tax.	ntangible ,	χNο
[24]	9. Name and Address of Curi	<del></del>	<u> </u>	10. Name and Address of New Registere	d Agent	
JORGENSEN, PETER			81 Name Ja.  82 Street Addre	mes Wygant ess (P.O. Box Number is Not Acceptable)		
1517 20TH ST. VERO BEACH FL 3290			83	185 79 × 54		
			84 City Fell	Ismere F		ode 948
11. Pursuant office or agent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Starm familiar with, and accept the obli	502 and 607.1508, Florida Statutes, the of Florida. Such change was author gations of, Section 607.0505, Florida S		oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its ointment as reg	registered gistered
SIGNATURE	Home Ch	James James	A. Wgant tered Agent signature required	J/25	179_	
12.	Signature typed or printed name of registered	·/	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	DPT		I.1 TITLE	7.051110110101111000 7.0 0101110	☐ Change	☐ Addition
NAME	WYGANT, JAMES A	1	1.2 NAME			
STREET ADDRESS	AGGOS MOTIL OT	1	I.3 STREET ADDRESS			
CITY-ST-ZIP	FELLSMERE FL 32948	<u> </u>	4.4 CITY-ST-ZIP			
TITLE	DVS	☐ DELETE 2	2.1 TITLE		☐ Change	Addition
NAME	WYGANT, VICKI J	2	2.2 NAME	•		
STREET ADDRESS	12285 79TH ST.	j z	2.3 STREET ADDRESS			
_CITY_ST-ZIP	-FELLSMERE FL 32948 -		2:4 CITY-ST-ZIP	<u> </u>	<u> </u>	
TITLE		☐ DELETE 3	3.1 TITLE	•	Change	Addition
NAME		. 13	3.2 NAME			
STREET ADDRESS	5		3.3 STREET ADDRESS			1
CITY-ST-ZIP			3.4. CITY-ST-ZIP		F7 Change	[ Addition
TITLE			I.1 TITLE		Change	Addition
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STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		1.3 STREET ADORESS		•	ſ
CITY-ST-ZIP			1.4 CITY-ST-ZIP		☐ Change	Addition
TITLE			5.1 TITLE 5.2 NAME		i Shange	
NAME			3.3 STREET ADDRESS			
STREET ADDRESS		1	5.4 CITY-ST-ZIP			
CITY-ST-ZIP			3.1 TITLE		Change	Addition
NAME			3.2 NAME		<u> </u>	
ł		1	3.3 STREET ADDRESS	•		1
STREET ADDRESS	ľ	i i	3.4 CITY-ST-ZIP			
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.

:

GHAYURE AND TYPED OR PRINTED AND STATES A. WYGA P

7)21 99 Date

Daytime Phone #