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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000087863 1. Corporation Name

ARLENE'S HEIRLOOM, INC.

May 01, 1999 8:00 am Secretary of State

05-01-1999 90042 015 ***150.00



Principal Place	e of Business	Mailing Address							
101741 OVERSI	EAS HWY	101741 OVERSEAS HWY							
KEY LARGO FL	L 33037 .	KEY LARGO FL 33037					NOT WORTE IN	FUID CDACE	
	· ·						NOT WRITE IN	INIS SPACE	
						3. Date Incorporated of	Qualifed	•	
						10/13/1998			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number 59-354	1050	-	pplied For
21 -	<u> </u>	26				07-334	615 X		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status	Desired		Additional
		27				a. coralocto oi ciciae		Fee R	equired
City & Stat	te	City & State				6. Election Campaign f	inancing .	\$5.00	May Be
23	•	28				Trust Fund Contribu	tion	Added	to Fees
Zip	Country Zip		Cou	Country		8. This corporation owe	es the current yea	ar Intangible	
24	25 29 30		30	<u></u>		Personal Property Tax. Yes No		□No	
1	9. Name and Address of Curr	rent Registered Agent				10. Name and Address	of New Registe	red Agent	
				81	Name				ļ
KNECHT, ARLENE			82) Street A		Ctrock Ndd	tress (P.O. Box Number is N	nt Accentable)		
	741 OVERSEAS HWY			82	Street Auc	iress (P.O. Box Number is N	oi Acceptable)		j
KEY	LARGO FL 33037			83			-		
				84	City			FL 85 Zip	Code
44 - Dominion	:	EO2 and EO7 1EO9 Elasida Statu	on the a	hovo	named con	noration cultmite this statem		_ , ,	s registered
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta	ite of Florida. Such change was a	uthorized	d by ti	he corporat	ion's board of directors. I he	eby accept the a	ppointment as re	egistered
agent. I a	m familiar with, and accept the obli	igations of, Section 607.0505, Flo	rida Stat	tutes.]
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SIGNATURE									
	Signature, typed or printed name of registered a	· · · · · · · · · · · · · · · · · · ·		-	signature requir	red when reinstating)	DA1	_	OPS IN 12
12.	Signature, typed or printed name of registered a OFFICERS	AND DIRECTORS	13.		signature requir	red when reinstating) ADDITIONS/CHANG		S AND DIRECT	
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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 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.

CITY-ST-ZIP