

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90146 025 ***150.00

DOCUMENT #	P98000090269
4 Composition Name	

l		EH HANDBAG OUTLET, INC	,				;	
١	Principal Place	of Business	Mailing Address			1 40211.041 110 18141 48111 68111 88111 64114 antre antre antre antre antre		
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16850 COLLINS AVE #111 16850 COLLINS AVE #111 SUNNY ISLES FL 33160 SUNNY ISLES FL 33160 SUNNY ISLES FL 33160							•	
Soluti MEES I E WHO						DO NOT WRITE IN THIS SPACE	¬ ¦	
l					•	3. Date Incorporated or Qualifed 10/22/1998		
2. Principal Place of Business 2a. Malling Address						4. FEI Number Applied For	_}	
21 26						65-0870990 Not Applicable	<u> </u>	
ŀ	Suito, Apt. #, etcSuite, Apt. #, etc.					5. Certificate of Status Desired	7	
27 City & State City & State						1.00 1.00	⊣ !	
Ł						-6. Election Cempaign Financing - \$5.00 May Be - Added to Fees		
l	23		28			Tract and Concrete	┥ `	
ļ	Zip	Country	Zlp	Coun	τλ	8. This corporation owes the current year Intangible Personal Property Tax.	1:	
ļ	24	25		50		10. Name and Address of New Registered Agent	┦ :	
ŀ		9. Name and Address of Currer	r Kedisteled Allent		1 Name	14. Halle and factors of their registration	7 ¦	
١	Man n	LINS, STACEY D		- {	_		4	
I		GLADES RD		1	Street Add	Address (P.O. Box Number is Not Acceptable)		
١		A RATON FL 33434		<u>.</u>	13		┪	
l	500	A MIONIE SOUT		['	"[_	
ı			•	1	Lity City	FL 85 Zip Code	1	
į			0 007 4500 Fledde Clebute	e the eb	we samed cor	rocation submits this statement for the purpose of changing its registered	-1	
1	11. Pursuant t	to the provisions of Sections 607.050 edistered agent, or both, in the State	of Florida. Such change was au	thorized	y the corporat	ion's board of directors, I hereby accept the appointment as registered	1.	
Ì	agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flor	ida Statul	8 5,	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered] [
ł	CICNATURE					red when retrestating) DATE		
ł		Signature, typed or printed name of registered ago	ID DIRECTORS (NOTE:	13.	Seur mitratine Lodon	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	7 8	
١	12.	PD	DELETE	1,1 110	E	☐ Change ☐ Addition	<u> </u>	
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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 changes, or an attachment with an address, with all other like empowered.

SIGNATURE: -

3/19/99 (56/1)38

(1)383 (10)