


FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90006 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000102996

1. Corporation Name

MY SISTERS CLOSET, INC.

Principal Place of Business 1434 ALAMO LANE DUNEDIN FL 34698	Mailing Address 1434 ALAMO LANE DUNEDIN FL 34698
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/09/1998	
21		26		4. FEI Number 59-3546414	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
NORBOM, MARY K 1434 ALAMO LANE DUNEDIN FL 34698		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORBOM, MARY K	1.2 NAME	Norbom, Mary K
STREET ADDRESS	1434 ALAMO LANE	1.3 STREET ADDRESS	1434 Alamo Lane
CITY-ST-ZIP	DUNEDIN FL 34698	1.4 CITY-ST-ZIP	Dunedin, FL 34698
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	S, J, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Herb Norbom
STREET ADDRESS		2.3 STREET ADDRESS	1434 Alamo Lane
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Dunedin, FL 34698
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	M, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Margaret M. McCloskey
STREET ADDRESS		3.3 STREET ADDRESS	490 S.E. 17th Terrace
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Deerfield Beach, FL 33441
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	John McCloskey
STREET ADDRESS		4.3 STREET ADDRESS	490 S.E. 17th Terrace
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Deerfield Beach, FL 33441
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Mary K Norbom, President 3/21/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25034 (11/98)