

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

03-24-1999 90006 011 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		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 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/09/1998	4. FEI Number 59-3546414	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	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  NORBOM, MARY K 1434 ALAMO LANE DUNEDIN FL 34698	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

CR2034 (11/98)