

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

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Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S26914** (9)

1. Corporation Name
FANTASY TEES, INC.

Principal Place of Business
1340 STIRLING RD. #5B
DANIA FL 33004

Mailing Address
1340 STIRLING RD. #5B
DANIA FL 33004-3539



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/24/1991	3a. Date of Last Report 03/06/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0242646		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BAUER, SANDRA
9421 EVERGREEN PL #403
FT. LAUDERDALE FL 33324

10. Name and Address of New Registered Agent

81 Name **SUSAN C. BROOKES**
82 Street Address (P.O. Box Number is Not Acceptable)
1340 STIRLING RD. #5B
83
84 City **DANIA** FL 85 Zip Code **33004**

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 **Susan C. Brookes** **SUSAN C. BROOKES VP** **1-2-97**
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 PD	<input type="checkbox"/> DELETE	1.1 TITLE POST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BROOKES, KENNETH JR.		1.2 NAME BROOKES, KENNETH JR.	
STREET ADDRESS 1340 STIRLING RD. #5B		1.3 STREET ADDRESS 1340 STIRLING RD #5B	
CITY-ST-ZIP DANIA FL 33004		1.4 CITY-ST-ZIP DANIA, FL 33004	
TITLE V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAUER, SANDY		2.2 NAME BROOKES SUSAN C.	
STREET ADDRESS 1340 STIRLING RD. #5B		2.3 STREET ADDRESS 1340 STIRLING RD #5B	
CITY-ST-ZIP DANIA FL 33004		2.4 CITY-ST-ZIP DANIA, FL 33004	
TITLE ST	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROOKES, KENNETH SR.		3.2 NAME	
STREET ADDRESS 1340 STIRLING RD. #5B		3.3 STREET ADDRESS	
CITY-ST-ZIP DANIA FL 33004		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: **Susan C. Brookes** **SUSAN C. BROOKES** **1-2-97** **954-923-2076**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)