FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996	
DOCUMENT #	S

1. Corporation MAR Principal Place	TINA'S BIKINIS INC.	037 (9) Mailing Address						
9831 W. SAMPLE 9831 W. SAMPLE RD CORAL SPGS. FL 33065 CORAL SPGS. FL 33 US US				Date Incorporated or Qualified				
					07/15/1991	3a. Date of Last 07/24		
2. Principal Pl	ace of Business	2a. Mailing Address			↑		Applied For	
26 Suite, Apt. #, etc. Suite Apt. #, etc					¢0.75		Not Applicable	
22 27					5. Certificate of Status Desired		75 Additional e Required	
City & State	e	City & State			Election Campaign Financing Trust Fund Contribution		00 May Be	
7ip	Country 25	Zφ.	Coun	try	8. This corporation has liability for	y for intangible tax under s 199,032,		
	9. Name and Address of Curr		. <u> </u>		10. Name and Address of New F			
411#0	MAIN =			1 Name				
	, kyle Nw 72ND dr.		8	Street Add	ress (P.O. Box Number is Not Acceptat	ole)		
	L SPRINGS FL 33065		E	 3	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1			
			ŀ	I4 City		·		
			ļ],	ration submits this statement for the pu	- FI	Zip Code	
SIGNATURE	Signatura, typed or prodes name of regularised ag	settori (kor. 1000), i kinda Statute:		geri segintare requir	ration submits this statement for the pured of directors. Thereby accept the appoint of the pure statement of	DATE	·	
TITLE	D DAROUE OFFI	☐ DELETE		F		☐ Change	e 🔲 Addition	
NAME STREET ADDRESS	BARONE, STEVE 3206 CORAL LAKE DR. CORAL SPRINGS FL			ET ADDRESS			ORS IN 12	
CITY - ST - ZIP TITLE	D D	☐ DELETE	140h 2111	- ST - ZIP		Change	Addition	
NAME	BARONE, VIRGINIA	22 N				[] Onlings	E ACCION	
STREET ADDRESS	3206 CORAL LAKE DR.		2 3 STRE	ET ADDRESS				
CITY - ST - ZIP TITLE	CORAL SPRINGS FL	C Dolots	2 4 CITY					
NAME I		☐ DETELE	3 1 1/1:			Change	: Addition	
STREET ADDRESS			3 2 NAM 3 3 STRI	ELT ADDRESS				
CITY-ST-ZIP			3.4 CITY					
TITLE		☐ DECETE	4 1 TITE			☐ Change	Addition	
NAME			4.2 NAM					
STREET ADDRESS			4.3 STHE	FLADDRESS				
CITY - ST - ZiP			4 4 CITY	S1 - 20F				
TITLE		DELETE 5.1				☐ Change	☐ Addition	
NAME OTREET ARROGGE			5.2 NAM					
STREET ADDRESS				ET ADDRESS			}	
CITY - ST - ZIP TITLE		☐ DELFTE	5.4 CITY					
NAME		C) pro 15	6 1 Till			Change	Addition	
STREET ADDRESS			6.2 NAMI	T ADDRESS			İ	
CHTY - ST-ZIP			64 OTY	- 1				
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I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 13 if changed, or on an attachment with an address.

SIGNATURE: X AGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR