

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S76237** (4)

1. Corporation Name

EMBELLISHMENTS, INC.

Principal Place of Business

Mailing Address

**1680 GULFSHORE BLVD. S
NAPLES FL 33940
US**

**1680 GULFSHORE BLVD S
NAPLES FL 33940**



2. Principal Place of Business

2a. Mailing Address

21 49 Heritage Way

26 1460 GOLDEN GATE PKY.

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27 103-4005

City & State

City & State

23 Naples, FL

28 Naples, FL

Zip

Country

Zip

Country

24 33942

25 US

29 33942

30 USA

9. Name and Address of Current Registered Agent

**ALLEN, CHERYL F.
1680 GULFSHORE BLVD S
NAPLES FL 33940**

3. Date Incorporated or Qualified

08/26/1991

3a. Date of Last Report

04/28/1995

4. FEI Number

65-0282737

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

49 Heritage Way

83.

84. City

Naples

FL

85. Zip Code

33942

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 607.0509, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent or officer, if applicable)

(Printed Name of Agent, if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **ALLEN, CHERYL F.**
STREET ADDRESS **1680 GULFSHORE BLVD S**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1. TITLE
2. NAME
3. STREET ADDRESS **49 Heritage Way**
4. CITY-ST-ZIP **NAPLES, FL 33942**

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP ☐ Change ☐ Addition

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP ☐ Change ☐ Addition

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP ☐ Change ☐ Addition

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP ☐ Change ☐ Addition

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 registered or trustee or empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed for on an attachment with an address.

SIGNATURE:

Cheryl F. Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-29-96

941-434-3411

CR2E034 (12/95)