SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 AUG -1 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V01280 (9)

1. Corporation Name
BRIDAL BAZAAR, INC.

Principal Place of Business	Mailing Address
2141 MAIN ST. SUITE C DUNEDIN FL 34698	2141 MAIN ST. SUITE C DUNEDIN FL 34698

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/18/1991
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-3098115 ☐ 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

9. Name and Address of Current Registered Agent

~~HYLAND, JANET E.~~
~~474 CYPRESS LAKE CT.~~
~~OLDSMAR FL 34677~~

10. Name and Address of New Registered Agent

81 Name: KESSLER, THOMAS E.
82 Street Address (P.O. Box Number is Not Acceptable): 801 HIGH VIEW DR.
83
84 City: PALM HARBOR 85 FL Zip Code: 34683

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: THOMAS E. KESSLER — 7/27/95
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	~~P~~	11 TITLE	C/CHIEF EXEC. OFFICER	☒ Change ☐ Addition
NAME	~~HYLAND, JANET E.~~	12 NAME	KESSLER, THOMAS E.	
STREET ADDRESS	~~474 CYPRESS LAKE CT~~	13 STREET ADDRESS	801 HIGH VIEW DR.	
CITY ST ZIP	~~OLDSMAR FL~~	14 CITY ST ZIP	PALM HARBOR, FL 34683	
TITLE		21 TITLE	P/S	☒ Change ☐ Addition
NAME		22 NAME	KESSLER, IDANIA L.	
STREET ADDRESS		23 STREET ADDRESS	801 HIGH VIEW DR.	
CITY ST ZIP		24 CITY ST ZIP	PALM HARBOR, FL 34683	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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)(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: — 7/27/95 — (813) 515-3669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
THOMAS E. KESSLER

0117727 CP