SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # V42286

(7)

CAROLE'S ACCESSORIES & FASHIONS, INC. Principal Place of Business Mailing Address 640 NIGHTHAWK CIR 640 NIGHTHAWK CIR						
WINTER SPA	INGS FL 32708	WINTER SPRINGS FL	32708			
					3. Date Incorporated or Qualifia 06/09/1992	ed 3a. Date of Last Report 05/01/1995
_2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt #, etc.		Suite, Apt #, etc		59-3130041	Not Applicable \$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & Star 23	е	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zιρ	Country	Zip	Count	′y	8. This corporation has liability	for intangible tax under s. 199 032,
24	25 9. Name and Address of Curre	29	30		Florida Statutes	Yes No
	···	ent negistereo Agent	В	1 Name	10. Name and Address of New	Registered Agent
SEIBERT, CAROLE						
	0 NIGHTHAWK CIR NTER SPRINGS FL 32708		B2 Si		ddress (P.O. Box Number is Not Accep	itable)
***	MICH OFMINOS PL 32700		В	3		
			6	4 City		85 Zip Code
						FL
agent. I a	registered agent, or both, in the statem familiar with, and accept the obli-	gations of, Section 607.0505, I	Florida Statute	s	orporation submits this statement for the ration's board of directors. I nereby about equired when rematating?	ept the appointment as registered
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	D	DELETE	11 THE			Change Addition
NAME	SEIBERT, CAROLE		1.2 NAME			
STREET ADDRESS	640 NIGHTHAWK CIR WINTER SPRINGS FL			ET ADDRESS		
CITY - ST - ZIP TITLE	WINTER SPRINGS FL	T DELETE	1.4 CITY - 2.1 TITLE			Change Addition
NAME			2.2 NAME			C Charlet
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			2 4 CITY	-ST-ZIP		
TITLE		DELETE	3 1 TITLE			Change Addition
NAME			3.2 NAME	·		
STREET ADDRESS			3 3 STRE	ET ADDRESS		
CITY - ST - ZIP			3.4 CITY			
TITLE		DELETE	4 1 TITLE			Change Addition
NAME Azerez Lebeses			4 2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY - ST - ZIP		DELETE	4 4 CHY 5 1 THLE		THE WILLIAM WELL .	Change Addition
NAME		L. Daten	5 2 NAME			C change C Manipu
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			5.4 City			
TITLE		DELETE	6171116			Change Addition
NAME			6.2 NAME			terrord of brazil
STREET ADDRESS				ET ADDRESS		
CITY - ST - ZIP			6.4 C(TY			
	by certify that the information supplies	ed with this filing is voluntably			jualify for the exemption stated in Sect-	o 110 07(2\/t.) Floods Stotutes I

I do nereby 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address SIGNATURE: SIGNATURE AND TYPED OF PRINTED WAME OF SIGNING OFFICER OR DIRECTOR

2/29/96 407-696-2132