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
1996

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

DOCUMENT # **V74184** **(5)**

1. Corporation Name

JENNIFER'S CASUAL COLLECTIONS, INC.

Principal Place of Business	Mailing Address
7471 MANATEE AVE. W. **BRADENTON FL 34209**	**7471 MANATEE AVE. W.** **BRADENTON FL 34209**

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

3. Date Incorporated or Qualified: **10/26/1992**	3a. Date of Last Report: **04/13/1995**
4. FEI Number: **65-0367888**	☐ 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

SCOTT, JENNIFER J
7471 MANATEE AVENUE WEST
BRADENTON FL 34209

10. Name and Address of New Registered Agent

81 Name: JENNIFER J. SCOTT
82 Street Address (P.O. Box Number is Not Acceptable): 7471 MANATEE AVE W.
83
84 City: BRADENTON FL 85 Zip Code: 34209

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: Jennifer J. Scott Date: 8/7/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	☐ DELETE
NAME	SCOTT, JENNIFER J	
STREET ADDRESS	115 69TH STREET N.W.	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	SD	☐ DELETE
NAME	SCOTT, GARY L	
STREET ADDRESS	115 69TH STREET N.W.	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	TD	☒ DELETE
NAME	TAYLOR, GARY G	
STREET ADDRESS	RT. 1, BOX 62, TAYLOR DR.	
CITY-ST-ZIP	MYAKKA CITY FL 34251-9801	
TITLE	VD	☒ DELETE
NAME	TAYLOR, JUDY R	
STREET ADDRESS	RT. 1, BOX 62, TAYLOR DR.	
CITY-ST-ZIP	MYAKKA CITY FL 34251-9801	
TITLE	D	☒ DELETE
NAME	TAYLOR, T R JR.	
STREET ADDRESS	6464 SEAGULL DR.	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 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: Jennifer J. Scott Date: 8/7/96 Daytime Phone #: 941 792 6695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0115390 CP