FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 667872

1. Corporation	OAST FORMAL WEAR, I									
Principal Place	e of Business	Mailing Address				1 10010 01112 2111 10001 1211 1000 1211				
5308 NW 22 AVENUE TAMARAC FL 33309		5308 NW 22 AVENUE TAMARAC FL 33309			DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualifed 04/04/1980				
2. Principal Pl	lace of Business	2a. Mailing Address 26				4. FEI Number 59-1983590				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-	_	5. Certificate of Status Desired Fe					
City & State	е	City & State	-		6. Election Campaign Financing Trust Fund Contribution \$5					
Zip	Country 25	Zip	Coun	try		8. This corporation owes the current year Intangible Personal Property Tax.				
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Registered Agent				
	TERA ALLANIES		8	81	Name					
5308	TERS, CHARLES 3 N.W. 22 AVE.		1	82	Street A	t Address (P.O. Box Number is Not Acceptable)				
TAM.	ARAC FL 33309		[1	83						
				84	City	FL 85				
office or r	egistered agent or both in the S	.0502 and 607.1508, Florida Statute tate of Florida. Such change was au bligations of, Section 607.0505, Flori	utnorizea i	DV I	ine corpor	orporation submits this statement for the purpose of chang ation's board of directors. I hereby accept the appointment				
SIGNATURE	Signature, typed or printed name of registere	d agent and title if applicable. (NOTE:	Registered A	gent	signature rec	(uired when reinstating) DATE				
12.		FICERS AND DIRECTORS			_ .	ADDITIONS/CHANGES TO OFFICERS AND DIR				
TITLE	ST	☐ DELETE	1.1 TITL	.E						
NAME	WALTERS, CHARLES		1 2 NAM	Æ						
STREET ADDRESS	5000 MM 00 M		1.3 STR	EET	ADDRESS					

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90011 012 ***150.00



Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

□No

Yes

		84						FLII	ip Code
office or re	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, t egistered agent, or both, in the State of Florida. Such change was autho m familiar with, and accept the obligations of, Section 607.0505, Florida	rizea by	tne c	ned corporation corporation's boa	submits t ard of dire	his statement ctors, I hereb	for the purpos y accept the a	se of changing appointment as	its registered registered
SIGNATURE							DAT		l
	organization, types or printed realists	13.	nt signat	ture required when rea		S/CHANGES		S AND DIREC	TORS IN 12
12.		1.1 TITLE			<u> </u>	3.01.11.110.20		[] Chan	
ITTLE	WALTERS, CHARLES	12 NAME						_	
NAME	, , , , , , , , , , , , , , , , , , , ,						•		l
STREET ADDRESS	5308 NW 22 AVE.	1.3 STREET		E55					
CITY-ST-ZIP	TAMARAC FL	1.4 CITY-S	T-ZIP					[] Chan	ge 🗆 Addition
TITLE	☐ DELETE	2.1 TITLE						LJ Onan	ac 🗆 vegeton
NAME		2.2 NAME					•		
STREET ADDRESS		2.3 STREET	TADDR	ESS			•		
CITY-ST-ZIP		2.4 CITY-S	ST- ZIP			<u> </u>			
TITLE	☐ DELETE	3.1 TITLE				•		Chan	ge 🔲 Addition
NAME		3.2 NAME					•		
STREET ADDRESS		33 STREET	TADOR	ESS			,		
CITY-ST-ZIP		3.4. CITY-S	ST-ZIP	İ					
TITLE	☐ DELETE	4.1 TITLE					•	Chan	ge 🔲 Addition
NAME		4.2 NAME							•
STREET ADDRESS		4.3 STREE	T ADDR	ESS					
-		4.4 CITY-S	T_ 7IP						
CITY-ST-ZIP TITLE	□ DELETE	5.1 TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Chan	ge Addition
	_	5.2 NAME			,			, –	
NAME		5.3 STREE	TADDR	RESS					
STREET ADDRESS		5.4 CITY-S					-		
CITY-ST-ZIP	☐ DELETE	6.1 TITLE	,,	-+				[] Chan	ge Addition
TITLE	☐ DELETE	6.2 NAME							
NAME			+ 4000	,					
STREET ADDRESS		6.3 STREE		(C22)					
CITY-ST-ZIP		6.4 CITY-S			440.07/0	VO. E1. 24. 54	, , , , , , , , , , , , , , , , , , ,	ar andifu th-4 4	ha information
14. I hereby o	certify that the information supplied with this filing does not qualify for the	e exempt and that	iion st et mv :	tated in Section signature shall	119.07(3) have the	ki), Florida St same legal eff	acuces, i runno ect as if made	e under oath; t	hat 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 or an attachment with an address, with all other like empowered.

SIGNATURE: