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Jan 27, 1999 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

01-27-1999 90057 037 \*\*\*\*\*70.00

DOCUMENT # N97000005671

1. Corporation Name  
CHIC TO CHIC, INC.

Principal Place of Business: 9408 LAKE SERENA DRIVE, BOCA RATON FL  
Mailing Address: P.O. BOX 81-1901, BOCA RATON FL 33481



2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields. Includes 3. Date Incorporated or Qualified (10/07/1997), 4. FEI Number (NOT APPLICABLE), 5. Certificate of Status Desired (\$8.75 Additional Fee Required), and 6. Election Campaign Financing (\$5.00 May Be Added to Fees).

9. Name and Address of Current Registered Agent (JACOBS, PAUL, 2424 NORTH FEDERAL HIGHWAY STE. 411, BOCA RATON FL 33431) and 10. Name and Address of New Registered Agent (81-85) fields.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS (1-5) and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (1.1-6.4) fields. Includes checkboxes for DELETED, Change, and Addition.

14. I hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED  
Date: 1-8-99 Daytime Phone #: (954) 730-8121

CR2E037 (1/98)