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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandya B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000052886 (4)

A ABC COSTUME DESIGN CLINIQUE, INC.

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Signature Story	11. Pursuant to the provisions of Sections 607.05)? and 607.1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered agont. I am familiar with, and acceptably etriglations of Sections 607.050; Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered agont. I am familiar with, and acceptably etriglations of Sections 607.050; Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered agont in the provisions of Sections 607.050; Florida Statutos. SIGNATURE				82 Street Add	dress (P.C. Box Number is Net Acceptab	10) Street
11. Pursuant to the provisions of Sections 607.03) 2 and 607.1508, Florida Statutes, the above-named corporation shoard of directors. Thereby accept the appointment as registered agent, and accept the organic soil, Section 607.0505, Florida Statutes. SIGNATURE Signature to do posset properties of Section 607.0505, Florida Statutes. May 29 1997	11. Pursuant to the provisions of Sections 607.03)2 and 607.1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its redistured agent. I am familiar with, and accept the drighted 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 drighted 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 drighted such as a separate and the representation of 0.0505, Florida Statutos. SIGNATURE Signature. The do healing to the composition of 0.0505, Florida Statutos. ITHE Signature to do healing to the provisions of Section 607.0505, Florida Statutos. May 29 199 DATE 12. OFFIGERS AND DIRECTORS IN 12 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 1.3 SIRECT ADDRESS CITY-ST-ZIP DELETE 2.1 SIRECT ADDRESS CITY-ST-ZIP DELETE 3.4 CITY-ST-ZIP DELETE 4.1 SIRECT ADDRESS CITY-ST-ZIP DELETE 4.1 SIRECT ADDRESS CITY-ST-ZIP DELETE 4.1 SIRECT ADDRESS CITY-ST-ZIP DELETE 4.2 NAME STREET ADDRESS CITY-ST-ZIP DELETE 4.3 SIRECT ADDRESS CITY-ST-ZIP TITLE DELETE 4.3 SIRECT ADDRESS CITY-ST-ZIP DELETE 4.3 SIRECT ADDRESS CITY-ST-ZIP STREET ADDRESS	, ,	THE CANDELO TE COTTO		83 375	150255 Pombon	33074
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14. I do 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 eath; that I am an officer or director of the corporation or the Section or trustee ompowered 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 all actiment with an address.

FILED

Jun 17 1997 8:00am

Secretary of State

00 K15749 Department of the Treasury Internal Revenue Service ATLANTA, GA 39901

UUUV

Date of this notice: Texpayer identifying Number Form: 2363

5, 1997 MAY 65-0691513

Tax Period:

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For assistance you may call us at:

1-800-829-1040

ABC_COSTUME_DESIGN CLINIQUE INC PO BOX 50255 33074-0255551 POMPANO BEACH FL

Or you may write to us at the address shown at the left. If you write, be eure to attach the bottom part of this notice.

EIN ASSIGNED IN ERROR

OUR RECORDS INDICATE WE HAVE INCORRECTLY ASSIGNED MORE THAN ONE EMPLOYER IDENTIFICATION NL MBER TO YOU. THE NUMBER SHOWN ABOVE IS YOUR CORRECT ONE. THE FOLLOWING NUMBER HAS BEEN INCORRECTLY ASSIGNED: 25-0407823 65-0693822

WE WILL TRANSFER ANY PAYMENTS OR RETURNS TO YOUR ACCOUNT UNDER THE CORRECT EMPLOYER INENTIFICATION NUMBER.

PLEASE USE THE CORRECT NUMBER AND ACCOUNT NAME, EXACTLY AS SHOWN ABOVE, ON BUSINESS TAX RNS, PAYMENTS, PAYMENTS MADE ELECTRONICALLY, AND RELATED CORRESPONDENCE.

PLEASE DESTROY ANY FEDERAL TAX DEPOSIT COUPON BOOKS WHICH SHOW THE INCORRECT EMPLOYER INENTIFICATION NUMBER.

IF YOU DEPOSIT ELECTRONICALLY, PLEASE VERIFY THAT YOUR EIN IS CORRECT BEFORE MAKING YOUR DEPOSIT THROUGH THE FINANCIAL INSTITUTION DESIGNATED TO PROCESS YOUR ELECTRONIC FUNDS THANSFER (EFT) TAX PAYMENTS.

WE APOLOGIZE FOR ANY INCONVENIENCE WE MAY HAVE CAUSED YOU, AND THANK YOU FOR YOUR CUPPERATION.

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INTERNAL REVENUE SERVICE ATLANTA, GA 39901