FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT FLORIDA DEPARTMENT OF STATE FILED **CORPORATION** Sandra B. Mortham ANNUAL REPORT Socretary of State DIVISION OF CORPORATIONS 1998 98 AUG -7 PM 1: 34 DOCUMENT # SECRETARY OF STATE TALLAHASSEE. FLORIDA ORLANDO WIG BAZAAR, INC. Mailing Address Principal Place of Business 668 N. ORLAND AVE #206 668 N. ORLAND AVE #206 MAITLAND FL 32751 MAITLAND FL 32751 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/21/1970 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 59-1485816 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Źm Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes [] No 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 KOLOZS, LOU 668 N. ORLANDO AVE #206 Street Address (P.O. Box Number is Not Acceptable) 82 **MAITLAND FL 32751** 83 City 84 85 Zip Code 11. Pursuant to the provisions of Socions 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, Socion 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition Change DELETE 1.1 TITLE TITLE KOLOZS, LOU NAME 1.2 NAME **8 LESILE TER** STREET ADDRESS 1.3 STREET ADDRESS **150.00 MAITLAND FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 THLE TITLE 22 NAME NAME STREET ADDRESS 2 3 STREET ADDRESS TY-ST-ZIP 2 4 CHTY-ST-ZIP DELFTE Change Addition 3.1 TITLE ÎILF 3.2 NAME **R**AME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY- \$T-ZIP CITY-S1-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELFTE Change Addition 5.1 TITLE TITLE **5.2 NAME** NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - ZIP CITY-ST-ZIP Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

14. Thereby 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 informatio 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 607, Florida Statutes; and that my name appears in

CITY-ST-ZIP

Block 12 or Block 13 if changed, or on any tlachment with an address.

July 16, 1998

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Orlando Wig Bazaar

Dear Sirs,

I am writing in response to your recent request for re-submission of our corporate annual renewal form. I would like to respectfully request an exception to the standard fee for late filing. Unfortunately, I was called out of town for an unexpected emergency and my employees were not aware this form needed to be submitted by a certain date. The paperwork had been completed but was not fully processed. They were waiting for my signature, which was unattainable due to my unexpected absence. We hope there is some exception possible as this situation was not preventable.

We greatly appreciate your consideration. Please let us know of your decision.

Thank you,

Levérda Kolosz, Owner