

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

FILED

**Jun 05 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F61291 (3)

1. Corporation Name
RAD FASHIONS, INC.



Principal Place of Business 100 PINE NEEDLE LANE ALTAMONTE SPRINGS FL 32714	Mailing Address 100 PINE NEEDLE LANE ALTAMONTE SPRINGS FL 32714-5814
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/31/1981	3a. Date of Last Report 05/20/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2188271	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent RAD, MORTEZA M. & TAHEREH M. 100 PINE NEEDLE LANE ALTAMONTE SPRINGS FL 32714		10. Name and Address of New Registered Agent	
81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)			
83.			
84. City	FL	85. Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE PTD	<input type="checkbox"/> DELETE
NAME RAD, MORTEZA M.	
STREET ADDRESS 100 PINE NEEDLE LANE	
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714	
TITLE SD	<input type="checkbox"/> DELETE
NAME RAD, TAHEREH M.	
STREET ADDRESS 100 PINE NEEDLE LANE	
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME RAD, FARID M.	
STREET ADDRESS 117 WAVERLY DRIVE	
CITY-ST-ZIP FERN PARK FL 32730	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME RAD, FARBAD M	
STREET ADDRESS 100 PINE NEEDLE LANE	
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **4.29.97**

CR2E034 (9/96)