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 # G96908

1. Corporation Name

CLOUD 9 CLOTHING, INC.

Principal Place	of Business	Mailing Address						
1350 SE 17TH S		1350 SE 17TH STREET	1350 SE 17TH STREET FT LAUDERDALE FL 33316					
ft lauderdali	E FL 33316	FT LAUDERDALE FL 33316				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						04/19/1984		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Apr	olied For
21		26				59-2401506	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A	
22	مصاعب محصور أأراع لمستسهم	27			nerse et :	5. Certificate of oration Desired	Fee Red	dnited
City & State		City & State				6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution	Added to	Fees
Zip Country		Zip Country			8. This corporation owes the current year Ir		□No	
24	25		30			Personal Property Tax.		□ NO
	9. Name and Address of Curr	ent Registered Agent	81	Nar	me	10. Name and Address of New Registered	Agent	
RRFI	NNER, RICHARD M.		١٠.					
	.E. FIRST AVENUE		82	Stre	et Addre	et Address (P.O. Box Number is Not Acceptable)		
	FLOOR		83	 				
	1 FL 33131		63					
mu			84	City	1	· FI	85 Zip C	ode
44 Durayant	to the provinings of Sections 607.0	502 and 607 1508 Florida Statutes	s the abov	e-nam	ned cornor	ration submits this statement for the purpose of	f changing its	registered
office or re	egistered agent, or both, in the Stat	e of Florida. Such change was aut	thorized by	the c	orporation	n's board of directors. I hereby accept the appo	sintment as reg	jistered
•	m familiar with, and accept the obli-	gations of, Section 607.0505, Florid	ua Statutes	·.				
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: F	Registered Age	nt signat	ture required	when reinstating) DATE		
12.	****	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	P	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	KOSOW, PHYLLIS M.		1.2 NAME					
STREET ADDRESS	1350 S.E. 17TH STREET		1.3 STREE	T ADDRI	ESS			
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-S	T-ZIP				
TITLE	S	DELETE 2.1					☐ Change	☐ Addition
NAME	KOSOW, EDGAR J.		2.2 NAME					
STREET ADDRESS	1350 S.E. 17TH STREET		2.3 STREE	T ADDRI	ESS			
CITY-ST-ZIP ~	FT. LAUDERDALE FL	en englant of the transfer of the c	~ - 2. 4 CITY-	ST-ZIP.				-
ΠΙΈΕ	T □ DELETE 3.1 T		3.1 TITLE				Change Change	Addition A
NAME	Kosow, Randy J.		3.2 NAME					
STREET ADDRESS	11 MEADOW LARK LN.		3.3 STREE	T ADDRI	ESS	•		
C/TY-ST-ZIP	CONCORD NH		3.4. CITY-	ST-ZIP	$+\!\!-\!\!\!-$		Change	□ *>>:::::::::::::::::::::::::::::::::::
TITLE	'		4.1 TITLE				☐ Change	Addition .
NAME	NOOON, ADM C.		4. 2 NAME					
STREET ADDRESS	4 LA PERLE AVE.		4.3 STREE	T ADDR	ESS			
CITY-ST-ZIP	exeter, NH.		4.4 CITY-5	T-ZIP	\rightarrow			□ A alabia
TITLE	V	☐ DELETE	5.1 TITLE			,	Change	☐ Addition
NAME	Kosow, Lee S.	•	5.2 NAME			•		
STREET ADDRESS	RD 2		5.3 STREE		ESS			
CITY-ST-ZIP	CORNING, NY.		5.4 CITY-5	T-ZIP			Chanca	□ Addition
TITLE		☐ DELETE	6.1 TITLE			•	☐ Change	☐ Addition
NAME			6.2 NAME		1			

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 607, 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90054 050 ***150.00

CR2E034 (11/98)