FLENOW: FILING FEE AFTER MAY 1 IS \$550.00

, PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARIMENT OF GTATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J19273

(8)

Mailing Address

RADIOACTIVE T-SHIRTS, INC.

97 OCT -3 PM 4: 00

SECRETALLY OF STATE TALLAHASSEE FLORIDA



2N35 HOLLYWOOD BLVD. HOLLYWOOD FL 33020			2435 HOLLYWOOD BLVD. HOLLYWOOD FL 33020-6613					
· · · · · · · · · · · · · · · · · · ·						3. Date Incorporated or Qualified 06/12/1986	3a. Date of Last I	Report
2. Principal P	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	L	pplied For
21		26	26			59-2685748	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc 27	Suite, Apl. #, etc.			5. Certificate of Status Desired	1 1	Additional equired
City & Stat	е	City & State	- }			6. Election Campaign Financing		May Be
Zip	Country		Z(p) Country			Trust Fund Contribution		
24			30	ໆ ່		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No		
A		of Current Registered Agent				10. Name and Address of New Reg		
COT	LER, RICHARD S			81	Name			
	HOLLYWOOD BLVD.			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	
HOL	LYWOOD FL 33020		-	83				
1							l1 m	
· .				B4	City		FL 85 Zip	Code
office or r	registered agent, or both, in	s 607.0502 and 607.1508, Florida the State of Florida Such change the obligations of, Section 607.050	was authorized	lbγ	the corpora	poration submits this statement for the pi tion's board of directors. I hereby accep	urpose of changing in the appointment as	ts registered registered
SIGNATURE	Signature, typed or printed name of r	egistered agent and title if applicable	(NO¹E: Registered	Ager	nt signature requi	red wheri reinstating)	DATE	
12.		CERS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
TITLE	PO	☐ DELET	TE 1.1 TITO	1.1 TITLE		AND THE PROPERTY OF	Change	Addition
NAME	BLUM, IRA	un.	1 2 NA	MĒ		-10/06/9701159		014
STREET ADDRESS	2435 HOLLYWOOD BL HOLLYWOOD FL 3302		1.3 S16	1.3 STREET ADDRESS		****55	Õ.OO ****S	:50.00
CITY-ST-ZIP	HULLIWOOD FL 3302		14 CIT		- ZIP	<u> </u>		
TITLE		☐ DELET		21 TITLE			L. Change	Addition
NAME			2 2 NA1		1000000			
STREET ADDRESS			2.3 STREET A 2.4 CHY-ST					ļ
CITY-ST-ZIP		D DELET			1-212		Change	Addition
NAME			3.2 NAME				 •	
STREET ADDRESS			3 3 516	EE1 /	ADDRESS			
CITY-ST-ZIP			3.4. CIT	Y-\$1	T-7IP			
TITLE		☐ DELET	E 4.1 T(1)	LE			☐ Change	Addition
NAME			4.2 NA	MÉ				
STREET ADDRESS			4.3 STR	REETA	ADDRESS			
CTY-ST-ZIP		Llones	4.4 CIT		-ZIP		T 50	
TITLE		L DELET					L. Change	Addition
NAME			5.2 NAM					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP TITLE		DELET	5.4 C(1) E 6.1 T(1)		- EIP'		☐ Change	Addition
NAME		<u> </u>	6.2 NAM				- ounde	
STREET ADDRESS					ADDRESS	\sim		Í
CITY-ST-ZIP			6.4 CiT			(N)		
14. Ldo hereb	by certify that the information	n supplied with this filing does not	qualify for the c	xen	notion stated	d in Section 119.07(3)(i), Florida Statutes	I further certify that	the
informatio I am an ol appears i	in indicated on this affaual r flicer or director of the corp n Block 12 or Block 13 if ch	eport or supplemental annual repo oration of the receivor or trustee el linged, of the arry tachment with a	ort is true and ac mpowered to ex in address.	cecu	rate and that ute this repoi	t my signature shall have the same legal rt as required by Chapter 607, Florida St	errect as if made un atutes; and that my i	der oath; that name