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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

	JAL REPORT Secretary of State  1997 DIVISION OF CORPORATIONS		Secretary of State		
	MENT # L37280	(9)	-		
	RN WARDROBE COMPANY				
Principal Place of Business		Mailing Address			
12100 N.E. 16TH AVENUE		12100 N.E. 18TH AVENUE WHSE 3 NORTH MIAMI FL 33161-6500			
WHSE 3 NORTH MIAMI FL 33161					
US		US		<ol> <li>Date Incorporated or Qualified</li> <li>12/15/1989</li> </ol>	<b>3e.</b> Date of Last Report <b>05/01/1996</b>
2. Principal PI 21	ace of Business	28. Mailing Address 26		4. FEI Number 65-0346610	Applied For Not Applicable
Suite Apr.	#. ctc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	}	City & State		6. Election Campaign Financing	\$5.00 May Be
<b>2</b> 3] Zip	Country	<b>28</b>	Country	Trust Fund Contribution  8. This corporation has liability for in	Added to Fees
24	25	29 3	0	Florida Statutes	Yes No
DΛD	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
	HNSON, PAUL J. ) N.E. 162ND STREET			ress (P.O. Box Number is Not Acceptab	
SUITE 200				reas (1.0), box (runiber is froi Accorptab	······································
NOR	ITH MIAMI FL 33162		83		
			84 City		FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.050;	2 and 607.1508, Florida Statutes of Florida, Such change was au	, the above-named corp	poration submits this statement for the p	urpose of changing its registered
	m tamiliar with, and accept the obliga	ations of, Section 607.0505, Flori	da Statutes	tion's board of directors. I hereby accep	
SIGNATURE	Signature Typical or printed name of registered age		Registered Agent signature requi		DATE
12,	OFFICERS AND	DELETE DELETE	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12  Change Addition
NAME	WEISS, SHERRI	C	1.2 NAME		E Straigs E TOURS
SEREET ADDRESS	12100 N.E. 16TH AVENUE		1.3 STREET ADDRESS		
CHY SI-ZI	NORTH MIAMI FL 33161	Pro- tre	1.4 CITY-ST-ZIP		
TITLE NAME		DELETE	2.1 TITLE 2.2 NAME		Change Addition
SURFEL ADDRESS			2.3 STREET ADDRESS		
CHY ST-7IF			2 4 CiTY-ST-ZIP		
mitt		☐ DELETE	31 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS  CITY+S1-7IP			3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
INTEL		DELETE	4.1 TiTLE		Change Addition
MAM			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHY-\$1-7P		DFLETE	4.4 CITY - ST - ZIP		Change
HILL		T) partie	5.1 TITLE 5.2 NAME		Change Addition
STREET ADDRESS			53 STREET ADDRESS		
CHY-S1 Zif			5.4 CITY-ST-ZIP		
116		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CHY-S1-7IP 14. Lido here:	ny certify that the information supplier	with this filing does not qualify	for the exemption state	d in Section 119.07(3)(i), Florida Statute	s. I further certify that the
informatio Lain an c appears i	in indicated on this annual report or s flicer or director of the corporation o in Block 12 or Block 13 if changed or	upplemental annual report is tru the receiver or trustee empower on an attachment with an addre	e and accurate and tha red to execute this repo	this section 19.07 (S)(i), Florida Statute that my signature shall have the same lega ort as required by Chapter 607, Florida S	I effect as if made under oath; that tatutes; and that my name

SIGNATURE:

**FILED** 

May 12 1997 8:00am