

**File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.**

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 APR -5 AM 11:28

**FILING FEE \$ 188.75** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # L9400000716**  
D'CLASE APPAREL, L.C.  
9324 NW 102 ST  
MEDLEY FL 33178

1a. Principal Place of Business Address  
9324 NW 102 ST  
MEDLEY FL 33178

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

2a. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Date Organized or Qualified  
12/28/1994

3a. State of Formation  
FL

4. FEI Number  
65-0549112  
 Applied For  
 Not Applicable

5. Date of Last Report  
03/09/1998

6. Certificate of Status Desired  
\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  
SELVIDGE, GARY  
9324 NW 102 ST  
MEDLEY FL 33178

8. Name and Address of New Registered Agent/Office  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc.  
City FL Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent, Accepting Agent, or etc.) (If Not Registered Agent, Signature Required at time of filing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	SELVIDGE, GARY	9324 NW 102 ST	MEDLEY FL

11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Gary Selvidge* 4/1/99 305-823-7706  
SIGNATURE AND FILING OFFICER'S FULL NAME OF SIGNATURE MEMBER REQUIRED FOR DATA FILE