## PROFIT CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED May 06, 1999 8:00 am Secretary of State 05-06-1999 90260 006 \*\*\*150.00

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DOCU	MENT # P92000	0003214				
,	AR CLOTHING, INC.					
·•	\	$\nu$				1
Principal Plac	e of Ruciness	Mailing Address				•
, ''		<del>-</del>				,
10433 OAKBRO TAMPA FL 336		10433 OAKBROOK OR TAMPA FL 33624		}		
}				DO NOT WRITE IN TH	IS SPACE	_
				3. Date incorporated or Qualifed 11/05/1992		1
7 Principal P	Tace of Business	2a. Mailing Address		A FEI Number	Applied For	-{-
21	land of Dustrioss	26		59-3157332	Not Applicable	, Է
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional	7
22	<u> </u>	27	<u> </u>	S. Certificate of Status Desired .	* Fee Required	┨`
City & Stat		City & State	· · · · · ·	6. Election Campaign Financing	\$5.00 May Be	]
23		28		Trust Fund Contribution	Added to Fees	-}
Zip	Country	<u></u>	Country	8. This corporation owes the current year I	ntangible □Yes □No	-
24	9. Name and Address of Curre			Personal Property Tax.  10. Name and Address of New Registers		┪
		nt cognition of Agent	81 Name			7
MCMURTRY, RONALD A SR			82 Street Addr	ress (P.O. Box Number Is Not Acceptable)		┨
	33 OAKBROOK DR		Si Si Sel Addi	( ) Control of Not Acceptancy		_}
TAM	PA FL 33624		83			1
1			84 City		85 Zip Code	╮
				<u>F</u>		4
11. Pursuant office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State	12 and 607.1508, Florida Statutes, 17 of Florida. Such change was author	ie above-najmed corp ized by the/corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as registered	1.
agent. I a	m familiar with, and accept the obliga	ations of Section 607.0506 Florida	Statutes.	2 0	2 6 9	
SIGNATURE	foligrature, typed or printed name of registered age	I SHAMA SA	Seried Agent signature require	d when reinstating) OATE	7-7	12
12.			13.	ADDITIONS/CHANGES TO OFFICERS	ND DIRECTORS IN 12	CRZE034 (1198)
TITLE	D	☐ DELETE (	I.1 TITLE		Change	1 5
NAME	MCMURTRY, RONALD A	į,	12 NAME			8
STREET ADDRESS	10433 ÖAKBROOK DR	<u>"</u> 1	3 STREET ADDRESS			ដ្ឋ
CITY-ST-ZIP	TAMPA FL 33624		A CITY-ST-ZIP			4 %
TITLE .		<del></del>	LITTLE		☐ Change ☐ Addition	1~
NAME (		<b>1</b>	2 NAME			{
STREET ADDRESS			L3 STREET ADDRESS		٠,	1
TITLE			4 CITY-ST-ZIP		Change Addition	<b>1</b>
NAME		_	2 NAME		_ ·	1
STREET ADDRESS			LI STREET ADDRESS	<del>-</del>		-
CITY-ST-ZIP		3	I.4. CITY-ST-ZIP			1
TITLE		OELETE 4	.1 TITLE		Change	1
NAME		[4	.2 NAME			
STREET ADDRESS		] •	.3 STREET ADDRESS			1
CITY-ST-ZIP			4 CITY- ST-78P		Class Cladition	
TITLE .			A TITLE	•	Change Addition	1
NAME		<b>.</b> .	LI STREET ADDRESS	•		1
STREET ADDRESS			4 CITY-ST-ZIP			1
TITLE	<del> </del>		I TITLE		☐ Change ☐ Addition	1
' I						1
NAME		3	2 NAME			1
STREET ADDRESS		4	2 NAME 3 STREET ADDRESS			}

14. I hereby certify that the Information supplied with this filling 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 light empowered.