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 # P9300002709

1. Corporation Name

COSTUME WORLD - PITTSBURGH, INC.

May 05, 1999 8:00 am Secretary of State

05-05-1999 90063 043 ***150.00

					<u> </u>		1 6 814 / 846 1881
Principal Place of Business Mailing Address							
2200 N.W. 32ND	ST.	2200 N.W. 32ND ST.					
SUITE 1300 SUITE 1300		•		DO NOT WRITE IN THIS SPACE			
POMPANO BEACH FL 33069 POMPANO BEACH FL 330 US US		9		3. Date Incorporated or Qualifed			
000		00			01/19/1993		
a Principal Di	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21	acc of Eddiness	26			25-1699288	 -	t Applicable
Suite, Apt. :	#. etc.	Suite, Apt. #, etc.				\$8.75 A	dditional
22	-,	27			5. Certificate of Status Desired	Fee Re	quired
City & State	•	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	" 	8. This corporation owes the current year		
24	25	29	30		Personal Property Tax.	□Yes	□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registere	ed Agent	
14004	AAA DIL VAL A		81	Name			
WICK, MARILYN A		82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
2200 N.W. 32ND STREET SUITE 1300		<u> </u>					
1	PANO BEACH FL 33069		83				
PUM	PANO DEACH PL 33009		84	City		85 Zip C	Code
					F		ragistared
l office or re	egistered agent, or both, in the State	e of Florida. Such change was au	ithorized by t	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap-	pointment as re	gistered
agent. I ai	n familiar with, and accept the oblig	ations of, Section 607.0505, Flor	ida Statutés.	•			
SIGNATURE					d when reinstating) DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE:		13.	signature require		AND DIDECTO		
TITLE	UFFICERS A						RS IN 12
1	pne		_		ADDITIONS/CHANGES TO OFFICERS	Change	RS IN 12 Addition
		☐ ØELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS		
	PDS WICK, MARILYNN A		1.1 TITLE 1.2 NAME	ADDRESS	ADDITIONS/CHANGES TO OFFICERS		
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STREET ADDRESS CITY-ST-ZIP	WICK, MARILYNN A 2200 N.W. 32ND STREET POMPANO BEACH FL 33069	□ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST		ADDITIONS/CHANGES TO OFFICERS		
STREET ADDRESS CITY-ST-ZIP TITLE	WICK, MARILYNN A 2200 N.W. 32ND STREET POMPANO BEACH FL 33069 VP		1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE		ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	WICK, MARILYNN A 2200 N.W. 32ND STREET POMPANO BEACH FL 33069 VP WICK, KIMBERLY	□ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET. 1.4 CITY-ST: 2.1 TITLE 2.2 NAME	-ZIP	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	WICK, MARILYNN A 2200 N.W. 32ND STREET POMPANO BEACH FL 33069 VP WICK, KIMBERLY 2200 N.W. 32ND ST., SUITE 1	□ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET. 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET.	-ZIP ADDRESS	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
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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

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP