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Feb 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000004088 (9)

1. Corporation Name
CHIC IT OUT OF COLUMBIA MALL, INC.

Principal Place of Business

14499 N. DALE MABRY HWY
SUITE 130, GRAND PLAZA
TAMPA FL 33618

Mailing Address

3611 W. HILLSBOROUGH AVE
STE. 218
TAMPA FL 33614-5757
US

3. Date Incorporated or Qualified
01/13/1993

3a. Date of Last Report
02/07/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3159453

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WU, DONG J
14499 N. DALE MABRY HWY
SUITE 130, GRAND PLAZA
TAMPA FL 33618

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3903 NORTHDAL BLVD.

83

SUITE # 150 E

84

CITY TAMPA

FL

85

Zip Code 33624

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME WU, DONG J
STREET ADDRESS 14499 N. DALE MABRY HWY, #130, GRAND PLAZA
CITY-ST-ZIP TAMPA FL 33618

☐ DELETE

TITLE S
NAME WU, YOLANDA
STREET ADDRESS 3611 W. HILLSBOROUGH AVE, #218
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

3903 NORTHDAL BLVD.

1.3 STREET ADDRESS

SUITE # 150 E

1.4 CITY-ST-ZIP

TAMPA, FL 33624

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

3903 NORTHDAL BLVD.

2.3 STREET ADDRESS

SUITE # 150 E

2.4 CITY-ST-ZIP

TAMPA, FL 33624

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0361422

CR2E034 (9/96)