FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000041993 (5)**

1. Corporation Name

THE CLOTHESHORSE CONSIGNMENT SHOPPE, INC.

Principal Place of Business

3031 PLACIDA RD. S-8
GROVE CITY FL 34224

Mailing Address

3031 PLACIDA RD. S-8
GROVE CITY FL 34224

3. Date Incorporated or Qualified: **05/31/1993**

3a. Date of Last Report: **04/04/1995**

4. FEI Number: **65-0419603** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.042, Florida Statutes. [ ] Yes [X] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

HANEWINCKEL, DEAN
260 W DEARBORN ST
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 (1)(b), Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The corporation is aware of and agrees that it may only accept the appointment as registered agent that is familiar with and accepts the duties of, Section 607.0505, Florida Statutes.

SIGNATURE

DATE

12. OFFICER'S AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	SELMAN, CHERYL R	
STREET ADDRESS	7013 TUXEDO ST	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	D	[ ] DELETE
NAME	MOSER, DEBORAH S	
STREET ADDRESS	2851 8TH ST	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		[ ] Change [ ] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		[ ] Change [ ] Addition
21 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		[ ] Change [ ] Addition
31 TITLE		
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		[ ] Change [ ] Addition
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		[ ] Change [ ] Addition
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		[ ] Change [ ] Addition

CR2E034 (12/95)

14. I hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 added by this report.

SIGNATURE: Cheryl R. Selman Cheryl R. Selman 3/30/96 941-697-7722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #