SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 9:23

DOCUMENT # P93000065167 (7)

1. Corporation Name

THINK POSITIVE FASHIONS, INC.

Principal Place of Business	Mailing Address
Harbor 4405 HRBOR BLVD PORT CHARLOTTE FL 33952	Harbor 4405 HRBOR BLVD PORT CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/20/1993
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business (21): 4405 Harbor Blvd.
2a. Mailing Address (26): 4405 Harbor Blvd.
Suite, Apt. #, etc. (22): Suite, Apt. #, etc. (27):
City & State (23): City & State (28):
Zip (24): County (25): Zip (29): County (30):

4. FEI Number: 65-0437054 ☐ 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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~SAH, P H BALA~~ MAHENDRASAH, BALA (correct spelling)
4405 HARBOR BLVD
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name: Bala Mahendrasah
82 Street Address (P.O. Box Number is Not Acceptable): 4405 Harbor Blvd.
83: "
84 City: Port Charlotte, FL 33952 FL
85 Zip Code:

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: X _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	Bala Mahendrasah ☒ Change ☐ Addition
NAME	~~GAGM P, H B MAHENDR~~ MAHENDRASAH, BALA	12 NAME	
STREET ADDRESS	% 4405 HARBOR BLVD	13 STREET ADDRESS	4405 Harbor Blvd.
CITY-ST-ZIP	PORT CHRALOTTE FL	14 CITY ST ZIP	Port Charlotte, FL 33952 ↓ correct spelling
TITLE	DTS	21 TITLE	☐ Change ☐ Addition
NAME	CHANDRAHASA, SUSEELA	22 NAME	
STREET ADDRESS	% 4405 HARBOR BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	PORT CHRALOTTE FL 33952	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: X _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BALA MAHENDRASAH

Daytime Phone #

0182000 FP