

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000066689 (9)
1. Corporation Name
COSTUME ETC., INC.

Principal Place of Business 2645 E. SUNRISE BLVD. FT LAUDERDALE FL 33304	Mailing Address 2645 E. SUNRISE BLVD. FT LAUDERDALE FL 33304
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 22 Suite, Apt. #, etc. 23 City & State 24 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 09/24/1993	
25		29		4. FEI Number 65-0440691	
25		29		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CHIAVERINI, KEITH 615 NE 13TH AVE FT LAUDERDALE FL 33304				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
85				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 *[Signature]* DATE *1/28/98*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
STREET ADDRESS	615 NE 13TH AVE	13 STREET ADDRESS	14 CITY-ST-ZIP
CITY-ST-ZIP	FT LAUDERDALE FL	21 TITLE	22 NAME
		23 STREET ADDRESS	24 CITY-ST-ZIP
		31 TITLE	32 NAME
		33 STREET ADDRESS	34 CITY-ST-ZIP
		41 TITLE	42 NAME
		43 STREET ADDRESS	44 CITY-ST-ZIP
		51 TITLE	52 NAME
		53 STREET ADDRESS	54 CITY-ST-ZIP
		61 TITLE	62 NAME
		63 STREET ADDRESS	64 CITY-ST-ZIP

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.

SIGNATURE: *[Signature]* DATE: *1/28/98* 8541564-9333

CR2E034 (10/97)