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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 04 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P94000022723

1. Corporation	on Name 7 7 940	100022723 (6)			
SU-JIN	I SEWS, INC.				
				A DE REFERENCIA DE L'ÉRICA DE L'É	NIN TINNI IN NIN TIUNAN OKTO KANDI
Principal Plac	ce of Business	Mailing Address			ain sinii dhain tiaan ilii (hai
9178 GLADES ROAD		9178 GLADES ROAD			
BOCA RATON FL 33434 US		BOCA RATON FL 33434 US		DO NOT WRITE IN THIS	SPACE
03		03		3. Date Incorporated or Qualified	
				03/21/1994	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0478664	Not Applicable
		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & Stat	<u> </u>	City & State		<del> </del>	Fee Required
23	10	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation owes or has paid the corporation of the corporat	
24	25	<u> </u>	30	Personal Property Tax due June 30.	Yes X No
	g. Name and Address of C	urrent Registered Agent		10. Name and Address of New Registered	1 Agent
l Ło	IVE, TERRY A		81 Name		
	78 GLADES RD.		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
BC	OCA RATON FL 33434				
(			83		
			84 City	FI	85 Zip Code
11 Dureyort	to the provisions of Sections 60	7.05.02 and 607.15.09. Florida Statuta	the above period corn	, ,	of phonoing its registered
office or	registered agent, or both, in the	State of Florida Such change was au	thorized by the corporati	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as registered
	am tamiliar with, and accept the	obligations of, Section 607,0505, Flor	ida Statutes.		
SIGNATURE	Signature, typed or printed name of registre	red agent and title if applicable (NOTE:	Registered Agent signature require	ed when reinstating) DATE	
12.	OFFICER	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	P	DELETE	1.1 TOLE		Change Addition
NAME	LOVE, TERRY A		1.2 NAME		
STREET ADDRESS	4270 NW 9TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELRAY BCH FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME.	LOVE, CHERIE	□ Mail	2.2 NAME		C1 custille C1 vocation
STREET ADDRESS	4270 NW 9TH ST		2.3 STREET ADDRESS		İ
CITY-ST-ZIP	DELRAY BCH FL		2. 4 City-St-ZiP		
TITLE	PERMIT DOMES	DELETE	3.1 TITLE	1 12/41	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DEL ETE	4.1 TITLE		Change Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	<u>.</u>	T NUETE	4.4 CITY-ST-ZIP		Change 1 1 Address
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	<del> </del>	DELETE	5.4 C(TY - ST - ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS	<b>\</b>		63 STREET ADDRESS		

14. I hereby certify that the information supplied with this filling 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 suppliemental 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.