FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 27 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000045841 (1)

1. Corporation Name
THELMA'S DESIGNER OUTLET OF FLORIDA, INC.

Principal Place of Business	Mailing Address
~~7655 W GULTLAKE HWY SUITE 5 CRYSTAL RIVER FL 34429~~	~~7655 W GULTLAKE HWY SUITE 5 CRYSTAL RIVER FL 34429~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/20/1994
3a. Date of Last Report:

2. Principal Place of Business
21 2662 BAYSHORE BOULEVARD
22 Suite, Apt #, etc
23 City & State: DUNEDIN, FLORIDA
24 Zip: 34698
25 County: PINELLAS

2a. Mailing Address
26 ~~SAME~~ DUNEDIN FL 34698
27 Suite, Apt #, etc
28 City & State
29 Zip
30 County

4. FEI Number: 59-3250653 ☐ 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. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
LEONE
~~LEONS~~, FREDERICK JR
7655 W. GULF TO LAKE HIGHWAY
SUITE 5
CRYSTAL RIVER FL 34429

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 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 ____________________ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~D~~	11 TITLE	D, P, T, S ☒ Change ☐ Addition
NAME	~~LEONE, FREDERICK JR~~	12 NAME	THELMA SAKLAR
STREET ADDRESS	~~7655 W GULF TO LAKE HWY SUITE 5~~	13 STREET ADDRESS	2662 BAYSHORE BOULEVARD
CITY ST ZIP	~~CRYSTAL RIVER FL 34429~~	14 CITY ST ZIP	DUNEDIN, FLORIDA 34698
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		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	

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)(k), 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: Thelma Saklar THELMA SAKLAR 4/25/95 (813) 736-8514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0351095 CP