FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAR -7 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000061559 (8)

1. Corporate Name
SOUTHERN COSTUMERS I, INC.

Principal Place of Business:
215 NE 22ND ST.
DELRAY BEACH FL 33447

Mailing Address:
P.O. BOX 1930
DELRAY BEACH FL 33447

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/17/1994
3a. Date of Last Report:

4. FEI Number: 65-0517390 ☐ 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

2. Principal Place of Business | 2a. Mailing Address
21 | 26
Suite, Apt. #, etc. 22 | 27
City & State 23 | 28
Zip 24 Country 25 | Zip 29 Country 30

9. Name and Address of Current Registered Agent

GRANET, LLOYD
5200 TOWN CENTER CIRCLE, STE 105
BOCA RATON FL 33486

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

Field	Value
TITLE	D
NAME	SULLIVAN, TERRANCE G
STREET ADDRESS	215 NE 22ND ST.
CITY-ST-ZIP	DELRAY BEACH FL 33447
TITLE	D
NAME	SULLIVAN, GAIL
STREET ADDRESS	215 NE 22ND ST.
CITY-ST-ZIP	DELRAY BEACH FL 33447

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP

14. I the undersigned 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: Gail Sullivan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/28/95

Daytime Phone: 407-276-6884 498-4150

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