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

**PROFIT** CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000061559 (8)

SOUTHERN COSTUMERS I, INC.

Principal Place of Business Mailing Address			g Address			1 AND	YATIN BUNYU BIKUL KINUK BAKKI DINIM TURI HUUT
215 NE 22ND ST. DELRAY BEACH FL 33447			P.O. BOX 1930 DELRAY BEACH FL 33447-1930				
						3. Date Incorporated or Qualified 08/17/1994	d 3a. Date of Last Report 02/14/1996
2. Principal P	lace of Business	<b>28.</b> Ma	ailing Address			4. FEI Number	Applied For
21		26				65-0517390	Not Applicable
Suite, Apt	#, etc	27 Su	ite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	<u>e</u>		y & State			6. Election Campaign Financing	\$5.00 May Be
23		28	•			Trust Fund Contribution	Added to Fees
Zip	Country	Zıç	)	Cour	ntry	8. This corporation has liability for	or intangible tax under s. 199.032,
24	25	29		30		Florida Statutes	Yes No
	9. Name and Address of Curr	ent Registere	d Agent		81 Name	10. Name and Address of New	Registered Agent
	ANET, LLOYD			ŀ	oi Name		
5200 TOWN CENTER CIRCLE, STE 105					82 Street Add	ress (P.O. Box Number is Not Acceptable)	
ВО	CA RATON FL 33486			ŀ	83		
					84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1	1508, Florida Statu	tes, the ab	ove-named cor	poration submits this statement for the	e nurpose of changing its registered
office or r agent I a	registered agent, or both, in the Sta im familiar with, and accept the obl	ite of Florida ( ligations of, Se	Such change was ection 607.0505, Fl	authorized Iorida Statu	I by the corpora utes.	ition's board of directors. I hereby acc	cept the appointment as registered
SIGNATURE	, ,						
7,7	Signature, typied or printed name of registered				Agent signature requ	uired when reinstating)	DATE
12.	OFFICERS A	ND DIRECTO	DELETE	13. 1.1 III		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12  Change Addition
TITLE NAME	SULLIVAN, TERRANCE G		□ octicie	1.2 NA	j		Change Notition
STREET ADDRESS	215 NE 22ND ST.				REET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33447				Y-ST-ZIP		
TITLE	D		DELETE	21 11			
NAME	SULLIVAN, GAIL			22 NA	1		Change L. Addition
STREET ADDRESS	215 NE 22ND ST.			# 22 NA	MÉ [		L Change L Addition
CITY-ST-ZIP				1	ME Reet address		☐ Change ☐ Addition
	DELRAY BEACH FL 33447			2 3 ST			☐ Change ☐ Addition
TITLE	DELRAY BEACH FL 33447		DELETE	2 3 ST	REET ADDRESS TY-ST-ZIP	- to the state of	Change Addition
TITLE NAME	DELRAY BEACH FL 33447		☐ DELETE	2 3 STI 2 4 Ct	REET ADDRESS TY-ST-ZIP LE		4.
	DELRAY BEACH FL 33447		☐ DELETE	2 3 STI 2 4 CF 3 1 TIT 3 2 NA	REET ADDRESS TY-ST-ZIP LE		4.
NAME STREET ADORESS CITY-ST-ZIP	DELRAY BEACH FL 33447			2 3 STI 2 4 CI 3 1 TIT 3 2 NA 3 3 STI 3 4 CI	REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP		Change Addition
NAME STREET ADORESS CITY-SI-2IP TITLE	DELRAY BEACH FL 33447		☐ DELETE	2 3 STI 2 4 CI 31 TIT 32 NA 33 STI 34. CI	REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE		4.
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DELRAY BEACH FL 33447			2 3 STI 2 4 CF 3 1 TIT 3 2 NA 3 3 STI 3 4 CF 4 1 TIT 4 . 2 NA	REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE MME		Change Addition
NAME STREET ADORESS CITY-SI-ZIP TITLE NAME STREET ADORESS	DELRAY BEACH FL 33447			2 3 STI 2 4 CP 3 1 TIT 3 2 NA 3 3 STI 3.4. CP 4.1 TIT 4. 2 NA 4.3 STI	REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE LE MME REET ADDRESS		Change Addition
NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELRAY BEACH FL 33447		DELETE	2 3 STI 2 4 CF 3 1 TIT 3 2 NA 3 3 STI 3 4 CF 4 1 TIT 4 2 NA 4 3 STI 4 4 CF	REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE MME REET ADDRESS		Change Addition  Change Addition
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NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	DELRAY BEACH FL 33447		DELETE	2 3 STI 2 4 CI 3 1 TII 3 2 NA 3 3 STI 3 4 CI 4 1 TII 4 2 N/ 4 3 STI 4 4 CII 5 1 TIII	REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE AME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-S1-ZIP LE ME		Change Addition  Change Addition
NAME STREET ADDRESS CITY-SI-2IP TITLE NAME STREET ADDRESS CITY-SI-2IP TITLE NAME STREET ADDRESS	DELRAY BEACH FL 33447		DELETE	2 3 STI 2 4 CI 31 TIII 32 NA 33 STI 34. CI 4.1 TIII 4. 2 NA 4.3 STI 5.1 TIII 5.2 NA 5.3 STI	REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE MME REET ADDRESS YY-ST-ZIP LE MME REET ADDRESS		Change Addition  Change Addition
NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	DELRAY BEACH FL 33447		DELETE	2 3 STI 2 4 CI 31 TIII 32 NA 33 STI 34. CI 4.1 TIII 4. 2 NA 4.3 STI 5.1 TIII 5.2 NA 5.3 STI	REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE MME REET ADDRESS IY-S1-ZIP LE ME ME REET ADDRESS IY-S1-ZIP LE ME REET ADDRESS		Change Addition  Change Addition

6.3 STREET ADDRESS 6.4 City - St - ZiP

14. To hereby certify that the information supplied with this filing does not quality 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.

**FILED** Jan 16 1997 8:00am Secretary of State

