

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 11 PM 2:10

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000078623 (3)

1. Corporation Name
TL FASHIONS, INC.

Principal Place of Business
**6355 METROWEST BLVD.
SUITE 445
ORLANDO FL 32835**

Mailing Address
**200 SOUTH ORANGE AVE.
SUITE 2300
ORLANDO FL 32801-3432**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10/26/1994 3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3276252		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>			
Zip	Country	Zip	Country	6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
A.G.C. CO. 200 SOUTH ORANGE AVE. SUITE 2300 ORLANDO FL 32801-3432				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOSS, JEFFERSON	1.2 NAME	
STREET ADDRESS	6355 METROWEST BLVD., STE. 445	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32835	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERTON, VIVIANNE	2.2 NAME	
STREET ADDRESS	6355 METROWEST BLVD., STE. 445	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32835	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THAKKAR, RASESH	3.2 NAME	
STREET ADDRESS	6355 METROWEST BLVD., STE. 445	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32835	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Molloy, Christelle
STREET ADDRESS		4.3 STREET ADDRESS	6355 MetroWest Blvd., Ste. 445
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Orlando, FL 32835
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(b), 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, changed or on an attachment with an address.

SIGNATURE: Jefferson R. Voss 3/28/95 407-299-4800
(Signature and Type) OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

P94000078623

**BAKER
&
HOSTETLER**
COUNSELLORS AT LAW

200 SOUTH ORANGE AVENUE • SUNBANK CENTER, SUITE 2300 • P.O. BOX 112 • ORLANDO, FLORIDA 32802-0112 • (407) 649-4000
FAX (407) 641-0188
WRITER'S DIRECT DIAL NUMBER (407) 649-4063

April 5, 1995

Division of Corporations
Annual Reports Section
P. O. Box 1500
Tallahassee, Florida 32302-1500

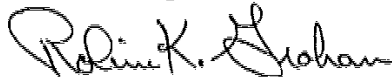
Re: TIL Fashions, Inc.
Document #P94000078623

Dear Sir/Madam:

On behalf of the above-referenced corporation, enclosed are the 1995 Corporation Annual Report filing together with a check in the amount of \$200.00 for the filing fee.

Should you have any questions or problems with the filing, please immediately contact this office at the above-referenced Orlando number. Thank you for your assistance in this matter.

Sincerely,



Robin K. Graham
Legal Assistant

Enclosures

cc: Kathy Ross
Safemark Corporation

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