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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000088073 (9)

PAIRS INTERNATIONAL INCORPORATED

| Principal Place of Business | Mailing Address |
|-----------------------------|-----------------|
| 1056 CREEKFORD DRIVE | % NEAL SIMMONS |

FILED Apr 30 1998 8:00am Secretary of State



| FORT LAUDERDALE FL 33326 | | 7110 N.W. 4TH AVE. BOCA RATON FL 33487 | | | | DO NOT WRITE IN THIS SPACE | | | | | |
|--------------------------|--|---|---------------------|---|---------------------------|----------------------------|--|------------------------|--------------------------|-----------------------------------|--|
| | | 00001 110000 12 99101 | • | | | 3. | Date Incorporated or Qualified | | | | |
| | | | | | | | 12/05/1994 | | | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | | 4. | FEI Number | | | Applied For | |
| 21 | | 26 | 26 | | | 65-0468546 | | | | Not Applicable | |
| Suite, Apt. | #, etc | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 5 | Certificate of Status Desired | | | Additional | |
| 22 | | 27 | | | | <u> </u> | Continuate of ottages position | | | Required | |
| City & State | 9 | City & State | City & State | | | | Election Campaign Financing | _ | | O May Be | |
| 23 | | 28 | | | | <u> </u> | Trust Fund Contribution | | Adde | d to Fees | |
| Zip | Country Zip Country | | | ntry | | | This corporation owes or has | | | | |
| 24 | 25 | 29 | 30 | | | | Personal Property Tax due Jui | | Yes | ∐ No | |
| | 9. Name and Address of Cur | rent Registered Agent | | 641 41 | | 10. | Name and Address of New F | legistered | Agent | | |
| SIM | IM o ns, Neal CPA | | | 81 Na | me | | | | | | |
| 711 | 7110 NW 4TH AVE. | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| BO | CA RATON FL 33487 | | | | | | | | | | |
| | | | | 83 | | | | | | | |
| | | | | B4 Cit | , | | | | 85 Z | p Code | |
| | | | | | , | | | FL | . 55 "" | | |
| office or re | to the provisions of Sections 607.4 egistered agent, or both, in the St m familiar with, and accept the ob | ate of Flonda. Such change was | s authorized | by the | ned corpor corporation | ratior n's b | n submits this statement for the poard of directors. I hereby acc | purpose of ept the app | of changing pointment | g its registered as registered | |
| SIGNATURE | Signature, typed or punied name of registeres | Lagest and title if applicable (NC | DTE: Registered | I Agent sign | ature required | i when | reinstating) | DATE | | | |
| 12. | OFFICERS | AND DIRECTORS | 13. | | | A | ADDITIONS/CHANGES TO OFF | ICERS AN | | | |
| TITLE | PSTD | ☐ DELETE | 1.1 717 | ILE | | | | | ☐ Chang | e 🔲 Addition | |
| NAME | GORDON, LORI H | | 1.2 NA | ME | Ì | | | | | | |
| STREET ADDRESS | 1056 CREEKFORD DRIVE | | 1.3 \$1 | REET ADDRI | SS | | | | | | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33 | 326 | 1.4 01 | TY-ST-ZIP | | | | | | | |
| TITLE | VPD | ☐ DELETE | 2.1 11 | TLE | | | | | Chang | e 🔲 Addition | |
| NAME | GORDON, MORRIS | | 2.2 NA | ME | | | | | | | |
| STREET ADDRESS | 1058 CREEKFORD DRIVE | | 2.3 \$1 | REET ADORE | :ss | | | | | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 3332 | r6 | 2.40 | TY-ST-21P | | | | | | | |
| TITLE | | ☐ DELETE | 3.1 Tri | ΠE | | | | | Chang | e 🔲 Addition | |
| NAME | | | 3.2 NA | ME | | | | | | | |
| STREET ADDRESS | | | 3.3 \$1 | REET ADDRI | SS | | | | | | |
| CITY-ST-ZIP | | | 3.4. C | ITY - ST - ZIP | | | | | | | |
| TITLE | | DELETE | 4.1 10 | ILE | | | | | Chang | e Addition | |
| NAME | | | 4. 2 N | AME | | | | | | | |
| STREET ADDRESS | | | 4.3 ST | REET ADDRI | ess | | | | | | |
| CITY-ST-ZIP | | | 4.4 CI | TY-ST-ZIP | | | | | | | |
| TITLE | | ☐ DELETE | 5.1 TI | | | | | | Chang | e Addition | |
| NAME | | | 5.2 N/ | ME | | | | | | | |
| STREET ADDRESS | | | | reet addr | ss | | | | | | |
| CITY-ST-ZIP | | | | TY-ST-ZIP | | | | | | | |
| TITLE | | DELETE | 61 TI | | | | | | Chang | e Addition | |
| NAME | | | 62 N/ | | | | | | | | |
| | | | | REET ADDR | 222 | | | | | | |
| STREET ADDRESS | | | | | .00 | | | | | | |
| CITY-ST-ZIP | | | 6.4 C) | TY-ST-ZIP | 1 | | | | | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the information indicated on this annual report or supplied 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 of 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 op an attachment with an address.