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 # P9500008424 (0)

RUE UNIFORMS AND ACCESSORIES, INC.

FILED May 07 1998 8:00am Secretary of State

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Principal Place	of Business	Mailing Addres	55								
4707 140TH A	ve. North	4707 140TH A	ve. North								
SUITE 115 CLEARWATER FL 34622 US		SUITE 115 CLEARWATER FL 34622			DO NOT WRITE IN THIS SPACE						
		US				3. Date Incorporated or Qualified				٦	
						02/01/1995					
2. Principal Pl	ace of Business	2a, Mailing Add	riess			4. FEI Number	•	T	Applied For	1	
21		26				31-1428226			Not Applicable	<u>.</u>]	
Suite, Apt. #, etc		Suite, Apt	Suite, Apt #. etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State		City & State)			6. Election Campaign Financing		\$5.0	O May Be	7	
23		28				Trust Fund Contribution			d to Fees	_]	
Zip Country		- Ζ φ		Country		8. This corporation owes or has paid the		•	_ `	1	
24	25	29	30	<u> </u>		Personal Property Tax due June 30.	<u> </u>		⊠ No	_	
	9. Name and Address of Cui	rrent Registered Agent		81	A *	10. Name and Address of New Registere	d Age	int		4	
	rgsman, larry			[81	Name						
	50 46TH STREET N.				Street Add	dress (P.O. Box Number is Not Acceptable)	ress (P.O. Box Number is Not Acceptable)				
	TE 112						<u> </u>			-	
CLE	ARWATER FL 34622			83							
				84	City		. 8	35 Zi	p Code	1	
						rporation submits this statement for the purpose		Щ.		4	
office or re agent. I an SIGNATURE	igistered agent, or both, in the St n familiar with, and accept the ot	tate of Florida. Such cha hligations of, Section 60:	inge was auth 7.0505, Florida	orized by a Statutes	the corpora 3.	ation's board of directors. I hereby accept the a	ppoint	ment a	as registered	-	
BIGNATURE	Signature, typical or product come of registeries	fagest and file it apple uble	(NOTE Be	yistinea Age	nt signature requ	pred when roustaing) CATE				[6	
12.	OFFICERS	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A] <u>{</u>	
TITLE	Р		DELETE	1 1 TITLE				Change	Addition	15	
NAME	D. PAUL HAAGSMA			12 NAME	ļ					18	
STREET ADDRESS	14450 48TH ST. NORTH S	SUITE 112		13 STREET	ADDRESS					Ιί	
CHY-ST-ZIP	CLEARWATER FL			1.4 CITY-S	T-7IP					_ 8	
TITLE	V	∐ (SELETE	2.1 THTLE			L_J	Change	Addition	١	
NAME	BARBARA HAAGSMA			2.2 NAME							
STREET ADDRESS	14450 48TH STREET NOR	TH SUITE 112		23 STREET	ADORESS					l	
CITY-51-ZIP	CLEARWATER FL			2 4 CITY-	ST - ZHP					_	
TITLE			OFI ETE	3 1 1/11 6			ш	Change	Addition		
NAME				3 2 NAME							
STREET ADDRESS			Į.	33STREET	1					-	
CITY-ST-ZIP			v: 11/	34 CITY-5	ST-ZIP			05		4	
TITLE		[]	DELFTE :	4 1 TITLE			Ц	Change	e L. Addition		
NAME				4. 2 NAME							
STREET ADDRESS				4.3 STREET							
CITY-S1-ZIP		· · · · · · · · · · · · · · · · · · ·)ELETE	4.4 CITY-S	T - ZIP			Change	Addition	-	
TITLE		() (ALL IL	5 1 TIPLE				onange	LI AGGIRON		
NAME				52 NAME	I DODGE					1	
STREET ADDRESS			Į	5.3 STAFET	1					1	
CITY-ST-ZIP TITLE			X L E 1 E	5.4 CITY-S 6 1 TITLE	1 - 7IP			Change	Addition	4	
1		<u>ں</u> ر	,, LL 1L		}		U	viidiige		1	
NAME				6.2 NAME	*******					-	
STREET ADDRESS				63 STREET							
CITY-ST-ZIP				64 CHTY-S	T-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 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: Barbara Hogaxima

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