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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 06 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000030196 (6)

DERRICKS FINE CLOTHING, INC.

Principal Place	e of Business	Mailing	Mailing Address					d dearlast tie tolat étint abili étilt étilt étilt étilt étilt étilt étilt	ANDIA BARIA ANII RABI	
451 W. ALTAMONTE DR.			451 E. ALTAMONTE DR.							
2118 ALTAMONTE SPRINGS FL 32701		-2110 -						DO NOT WRITE IN THIS SPACE		
US		-	ALTAMONTE SPRINGS FL 32701 US					3. Date Incorporated or Qualified		
**		•						04/13/1995		
2. Principal P	ace of Business	2a. Mai	ling Address					4. FEI Number	Applied For	
21		26						59-3311462	Not Applicable	
Sulte, Apt.	#, etc.	Suit	Suite, Apt. #, etc.						.75 Additional	
22 2489		27 248	27 2489					5. Certificate of Status Desired	ee Required	
City & State	Э	City	City & State						5.00 May Be	
23		28						Trust Fund Contribution A	dded to Fees	
Zip	_ `		¬ '		ountry			8. This corporation owes or has paid the current y		
24	25 25 Name and Address of Curre	29 nt Begistered	t Agent	30	- 			Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent		
		iii nogisteret	Agont		61	I N	ame	ly, Name and Address of New Negletoled Agent	·	
	KANITO, MARGARET P 39 TIMBER DR									
	NTER PARK FL 32792		82			St	reet Addre	ress (P.O. Box Number is Not Acceptable)		
***	NICH FARN FL 32/82				83				·	
ŀ					84	C	ity	FL ⁸⁵	Zip Code	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.15	08. Florida Statu	ites, the	.Ll above	L e-na	rmed corpo	poration submits this statement for the purpose of chan	ging its registered	
I office or re	egi ster ed agent, or both, in the State m fam iliar with, and accept the oblic	a of Florida. S	uch change was	authoriza	ed by	v the	orporation corporation	ion's board of directors. I hereby accept the appointm	ant as registered	
SIGNATURE		jernovite on, troc		ionaa on						
SIGNATURE	Signature, typed or printed name of registered ag	erol and the ill appl	cable (NC	PE Register	ed Age	લા કાંદ્ર	gnaturo require	ed when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTOR		13.			·	ADDITIONS/CHANGES TO OFFICERS AND DIRE		
TITLE	DELETE			1 1 TITLE			□ 0	hange L Addition		
NAME	EVANS, EDWARD P				NAME					
STREET ADDRESS	728 HEATHER GLEN CIR				STREET					
CITY-ST-ZIP	LAKE MARY FL 32746		☐ DELÊT E		CITY-S	31 - ZIF		Пс	hange Addition	
NAME	EVANS, MIREYA S				2 1 TITLE 2 2 NAME			□ v	lange Roomon	
STREET ADDRESS	728 HEATHER GLEN CIRCLI	E			NAME STREET	. ADDI	DECC			
CITY-ST-ZIP	LAKE MARY FL 32746	_			CITY-S					
TITLE	COUL WATER I COLL TO		☐ DELETE		IITLE	31-1		□ c	hange	
NAME					NAME			_		
STREET ADDRESS				3.3 5	STREET	ADDI	RESS			
CITY-ST-ZIP				3.4.	CITY - S	ST - 21	P			
TITLE			☐ DELETE	4.1	IITLE			□ c	hange 🔲 Addition	
NAME				4.2	NAME		1			
STREET ADDRESS				4.3 3	STREET	ADDI	ress			
CITY-\$T-ZIP				4.4 (CITY - S	1- ZIF	,			
TITLE			☐ DELETE		IITLE			□ c	hange 🔲 Addition	
NAME				5.21	MAN]			
STREET ADDRESS					STREET		- 1			
CITY-ST-ZIP			Devere		CITY - S	1-ZIF	,			
TITLE			☐ DELETE		IITLE				hange Addition	
NAME					NAME					
STREET ADDRESS				6.3 8	STREET	ADDI	RESS			

14. Thereby 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.

MIREYA EVANS