SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # P95000045082 (1) U-TOO JOSEF FUNWEAR, INC. Principal Place of Business Mailing Address 11840-UNIT A POST OFFICE BOX 9377 FRONT BEACH ROAD PANAMA CITY BEACH FL 32417 PANAMA CITY BEACH FL 32407 3. Date Incorporated or Qualified 3a. Date of Last Report 06/06/1995 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has trability for intangible tax under s. 199 032 24 25 29 30 Yes 🔲 No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 SADEH, DANNY 11840-UNIT A Street Address (P.O. Box Number is Not Acceptable) FRONT BEACH ROAD PANAMA CITY BEACH FL 32407 R4 City Zip Code 85 FI 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 Signation typed or period name of regimen disspect and their appearable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PSTD TITLE DELETE 1.1 TITLE <u>ල</u> SADEH, DANNY NAME 1.2 NAME E034 11840-UNIT A STREET ADDRESS 1.3 STHEET ADDRESS PANAMA CITY BEACH FL 32407 CHTY - ST - ZIP 1.4 CITY - ST - ZIP DELETE 2.1 TIFLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - S1 - ZiP 2 4 CITY STIZIP TITLE DELETE 3.1 THILE Change Add-tion NAME STREET ADDRESS 3 3 STHEET ADDRESS CHTY - ST - ZIP 3.4 CITY ST-ZIF TITLE DELETE 4.1 TITLE Change Addition NAME STREET ADDRESS 4 3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5 1 TITLE Change Addition NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 C(TY - ST - Z)? TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAM8 STREET ADDRESS 6.3 STREET ADDRESS CHTY-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)(k). 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 trie 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 617, Florida Statutes, and

that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: