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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

1999

DIVISION OF CORPORATIONS

DOCUMENT # P95000067594

THE WRAZ CLOTHING CORPORATION

Principal Place of Business								
2960	S.	MCC	ALL	RD	STE.	203		
FNGI	F۷	(OOD	FI	3422	4			

Mailing Address

2960 S. MCCALL RD., STE. 203

May 04, 1999 8:00 am Secretary of State

05-04-1999 90134 043 ***150.00



ENGLEWOOD F	L 34224	ENGLEWOOD FC 34224				DO NOT WRITE IN THIS SPACE							
								3. Date Incorporated or Qualifed 08/31/1995					
2. Principal P	lace of Business	2a	. Mailing Address	;				4. FEI Number			App	lied For	
21			26					65-0756764			Not	Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certifcate of Status Desired	Certifcate of Status Desired See Required				
City & State	è	21	City & State					6. Election Campaign Financing		\$5	.00	May Be	
23	_	28						Trust Fund Contribution			ded to		
Zip	Country	201	Zip		Country			8. This corporation owes the cur	rent year Int	angible		_	
24	25	29		30	_			Personal Property Tax.	·	Yes	s	- ₩0	
:4	9. Name and Address of Current		stered Agent		- 1			10. Name and Address of New	Registered	Agent			
	0.110				81	Na	ne						
PRE	SCOTT, CHARLES J				82			(D.O. O. N have in New Assessment					
	3 WOOD ST., STE. 115					Street Address (P.O. Box Number is Not Acceptable)							
	ASOTA FL 34237				83								
					84	Cit	/		FL	85	Zip C	ode	
	to the provisions of Sections 607.0502		007 4500 Fl	C1-1-1 1	h a albani			retion cubmits this statement for the	nurnose of	changi	na its i	registered	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of im familiar with, and accept the obligation	nt Hinri	ida. Such change i	was autno	rized by	me c	orporation	n's board of directors. I hereby acce	ept the appoi	ntment	as reg	istered	
SIGNATURE	Signature, typed or printed name of registered agent		. if emplicable	/NOTE: Pagi	ictored Ager	t evnna	ure required	when reinstating)	DATE				
12.	OFFICERS ANI		_	(NOTE, Nagi	13.	. signe	oo nepen ene	ADDITIONS/CHANGES TO O	FFICERS AN	ID DIR	ECTO	RS IN 12	
TITLE	D OF TICERS AND	ואוטכ	□ DELE	TE	1,1 TITLE		r			Ch		☐ Addition	
	HARTLAND, FRED				1.2 NAME								
NAME	TALE MANAGONA MEM DO				1.3 STREET	. * DDD							
STREET ADDRESS	+						=33	•					
CITY-ST-ZIP	ENGLEWOOD FL 34223		DELE		1.4 CITY-S	1-ZIP	_		····	Ch	ange	☐ Addition	
TITLE	D CAROLVAI		ليا لاحدد		2.1 TITLE								
NAME	HARTLAND, CAROLYN				2.2 NAME								
STREET ADORESS				1	2.3 STREET		ESS						
CITY-ST-ZIP	ENGLEWOOD FL 34223				2. 4 CITY-5					- Ch	2200	[] Addition	
TITLE -		•	☐ DELE	-12	3.1 TITLE						arigo		
NAME					3.2 NAME								
STREET ADDRESS					3.3 STREE	ADDR	ESS						
CITY-ST-ZIP					3.4. CITY-5	T-ZIP		· · · · · · · · · · · · · · · · · · ·				□ Addis	
TITLE			☐ DELE	TE	4.1 TITLE					CH	ange	☐ Addition	
NAME				ı	4. 2 NAME								
STREET ADDRESS				ı	4.3 STREE	ADDR	ESS						
CITY-ST-ZIP					4.4 CITY-S	[-ZIP							
TITLE			☐ DELE	EΤΕ	5.1 TITLE					□ Ct	ange	☐ Addition	
NAME					5.2 NAME								
STREET ADDRESS				ŀ	5.3 STREE	ADDR	ESS						
CITY-ST-ZIP				<u> </u>	5.4 CITY-S	r-zip							
TITLE			☐ DELE	ETE	6.1 TITLE			• • •		□ Cł	ange	Addition	
NAME				ŀ	6.2 NAME								
STREET ADORESS					6.3 STREE	ADDR	ESS						
CITY-ST-ZIP	1		-		6,4 CITY-S	r-zip							
OLIT-31-4F	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, with all other like empowered.

SIGNATURE: