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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000068910

PALM BEACH CLOTHING COMPANY

Principal Place of Business Mailing Address C O J.P. ASSOCIATES, P.A. 235 ROYAL POINCIANA WAY 6003 NW 31ST AVENUE PALM BEACH FL DO NOT WRITE IN THIS SPACE FT. LAUDERDALE FL 33309. 3. Date Incorporated or Qualifed 09/07/1995 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 65-0605754 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing \Box Added to Fees Trust Fund Contribution 23 28 Country Zip Country Zip 8. This corporation owes the current year Intangible □No Personal Property Tax. 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MARJORIE L FANNING 82 Street Address (P.O. Box Number is Not Acceptable) 235 ROYAL POINCIANA WAY PALM BEACH FL 33480 83 Zip Code 84 City 85 11. 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE ☐ Change 1.1 TITLE TITLE NAME FANNING, MARJORIE L 1.2 NAME STREET ADDRESS 235 ROYAL POINCIANA WAY 1.3 STREET ADDRESS PALM BEACH FL 33480 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition ☐ DELETE TITLE 2.1 TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP □ DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY+ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITI F 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP

CITY-ST-ZIP 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

3-30-99 561 659-5315

☐ Addition

Mar 31, 1999 8:00 am

Secretary of State

03-31-1999 90023 006 ***150.00