SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000073904 (1)

OETHAN	TE \$ WIMWEAR, INC.				
Principal Plac	e of Business	Mailing Address			EI M e l
1255 BELLE AVE.		1255 BELLE AVE.			
STE 186		STE 186			
WINTER SPRINGS FL 32708		WINTER SPRINGS FL 32708		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 09/21/1995	
<u> </u>	Place of Business	2a. Mailing Address		4. FEI Number Applied F	or
21		26		59-334 1540 Not Appli	
Sulte, Apl. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Addition Fee Required	
City & Stat	la .	City & State		·	
23		28		6. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	25	<u> </u>	30	Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curre			10. Name and Address of New Registered Agent	
PICE	RNE, GWYN R		81 Name	TWIN L. FREY	
1255	BELLE AVE.			Iress (P.O. Box Number is Not Acceptable)	
STE 186			OWNOES DESIDICK ET AL		
WINTER SPRINGS FL 32708		83	I N. EULA DC.		
1			84 City	85 Zip Code	
				ORIANDO FL 32801	
11. Pursuani	t to the provisions of sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida Statutes e of Florida. Such chaner was au	s, the above-named corporati	oration submits this statement for the purpose of changing its registere tion's board of directors. I hereby accept the appointment as registere	id id
agent la	on filmiliar with and propert the oblid		7.0		
	an infinital with, shouldcept the oblig	gations of, section 907.0505./Flor	ina Statules.	1-0.98	-
SIGNATURE,	MUND K. TUKE	TO LA	a yu	1-8-78	_ [
SIGNATURE,	Skylature, typed or printed name of registered ago	ent and title if applicable. (NOT	E: Registered Agent/signature reg	quired when/reinstating) DATE	_
	Skylature, typed or printed name of registered ago	ent and title if applicable. (NOT ND DIRECTORS	a yu	quired wher/renstating; ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
SIGNATURE,	Stratum, typid or plinted name of registered egr	ent and title if applicable. (NOT	E: Registered Adentisignature reg	quired wher/renstating; ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	_
SIGNATURE, 12. TITLE NAME	Signature, type of treatment of registered egr OFFICERS AI	ent and title if applicable. (NOT ND DIRECTORS	E. Registered Afenileignature reg 13. 1.1 TITLE 1.2 NAME	quired wher/renstating; ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
SIGNATURE. 12. TITLE NAME STREET ADDRESS	Styleton, type dev plinted name of registered ege OFFICERS AI PVST PICERNE, GWYN R	ent and title if applicable. (NOT ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	quired wher/renstating; ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
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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 cripinged, or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE: DWYNGKA KILLINGOURE

NAME

STREET ADDRESS

7-8-98

407-195-0900

FILED

Jul 23 1998 8:00am *

Secretary of State