

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

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Feb 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000000907 (1)

1. Corporation Name
WISDOM CLOTHING COMPANY

Principal Place of Business
7040 W. PALMETTO PARK ROAD, STE. 2-373
BOCA RATON FL 33433

Mailing Address
7040 W. PALMETTO PARK ROAD, STE. 2-373
BOCA RATON FL 33433-3407



3. Date Incorporated or Qualified
12/27/1995
3a. Date of Last Report
04/11/1996
4. FEI Number
65-0634078
Applied For
Not Applicable

2. Principal Place of Business
21 261 SUNSET PARK DR
Suite, Apt. #, etc.
22
City & State
23 HERNDON V.A.
Zip
24 20170
Country
25 USA
2a. Mailing Address
26 261 SUNSET PARK DR
Suite, Apt. #, etc.
27
City & State
28 HERNDON V.A.
Zip
29 20170
Country
30 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACCI, LISA M
1 SOUTH OCEAN BLVD., STE. 310
BOCA RATON FL 33432

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANG, SAMUEL D	1.2 NAME	CHANG, SAMUEL D.
STREET ADDRESS	7040 W. PALMETTO PARK ROAD, STE. 2-373	1.3 STREET ADDRESS	11405-K WINDLEAF CT
CITY-ST-ZIP	BOCA RATON FL 33433	1.4 CITY-ST-ZIP	BOSTON, V.A. 20194
TITLE	DTS <input type="checkbox"/> DELETE	2.1 TITLE	01/TIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAGSHAW, INGRID	2.2 NAME	CHANG, INGRID BAGSHAW
STREET ADDRESS	7040 W. PALMETTO PARK ROAD, STE. 2-373	2.3 STREET ADDRESS	11405-K WINDLEAF CT
CITY-ST-ZIP	BOCA RATON FL 33433	2.4 CITY-ST-ZIP	BOSTON, V.A. 20194
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1/31/97 Daytime Phone #: 703-736-0056

CR2E034 (9/96)