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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** P96000020744 (4)

## **FILED** Mar 12 1998 8:00am Secretary of State

ON-LIN	NE APPAREL, INC.	• • • • • • • • • • • • • • • • • • • •		T TARTHARI MA KOMO BINI BENY BENY BENY BENY BENY BENY BENY BENY	{ <b>#</b>    <b>  </b>
Principal Plac		Mailing Address			
9949 N.W. 89TH AVE. 9949 N.W. 89TH AVE.					
1 6°		MEDLEY FL 33178		DO NOT WRITE IN THIS SPACE	
		1112000 10 00110		3. Date Incorporated or Qualified	
<u> </u>				03/06/1996	i
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applie	ed For
21		26		65-0653636 Not A	pplicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired  \$8.75 Add	
22 City & State		City & State		Fee Requi	
<del></del>		<b>∤</b> —, '		6. Election Campaign Financing \$5.00 Ma Trust Fund Contribution Added to F	
Zip Country Zip		28	Country		
24	26	_ <u>_</u> '	30	8. This corporation owes or has paid the current year Intanç Personal Property Tax due June 30. Yes \(\sigma\) \(\lambda\)	
24]	9. Name and Address of Curren		201	10. Name and Address of New Registered Agent	
LEAVY, EDWARD 81 Name				LOANS EN LAND	
Lange and Actif by Acti				Address (P.O. Roy Number is Not Acceptable)	
SUNRISE FL 33332				Address (P.O. Box Number is Not Acceptable)	
83					
}	_		84 City	A RELIZIO COS	do .
	$\wedge$			رم الآرج و FL  °°   353	プレス
11. Pursuant to the provision, it is statement for the purpose of changing its registered office or registered agon, or both, in the state of the st					
agent la	registerer adolf or both, in the state am familiar with, and agcert the obliga	tions of, Section 607.0505, Flor	ida Statutes.	xoration's board or directors, I hereby accept the appointment as reg	jisterea
SIGNATURE	Cold Thomas	•		3/6/98	
			Registered Agent signature		
12.		DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II	
TITLE	D .	☐ DELETE	1.1 TITLE	Lii Change L	Addition
NAME	CHRYSTAL, HOWARD		1.2 NAME		
STREET ADDRESS	15871 N.W. 159TH AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	PEMBROKE PINES FL 33021	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Change L	Addition
NAME	LEAVY, EDWARD T JR	D DETECT	2.2 NAME	The country of	
STREET ADDRESS			2.3 STREET ADDRESS	INURI NIS ZI CT	
CITY-ST-ZIP	CUNRISE FL 33232-		2. 4 CITY - ST - ZIP	10431 NW 21 CT SUNVISE FL 33322	[
TITLE	SOWNISE I E SSESE	DELETE	3.1 TITLE	Change	Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		:
TITLE		DELFTE	4.1 TITLE	Change C	Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		1
CITY-ST-ZIP			4.4 CITY-ST-ZIP		1
TITLE		DELETE	5.1 TITLE	Change [	Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		İ
CITY-ST-ZIP			54 CITY-ST-ZIP		]
TITLE		DELETE	61 TITLE	Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

14. Thereby 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 innual 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 corporate flow the receiver or trusture empower to texture this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 12 or Block 13 if changed of the an attact from with an address.