

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

FILED  
May 05 1998 8:00am  
Secretary of State

|   |   |  |
|---|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # P96000034909 (7)

1. Corporation Name

LINGERIE LIQUIDATORS, INC.

Principal Place of Business

Mailing Address

3531 NW 91ST LANE  
SUNRISE FL 33351

3531 NW 91ST LANE  
SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 2. Principal Place of Business  |  | 2a. Mailing Address  |  | 3. Date Incorporated or Qualified                       |  |
| 21 4851 NW 103 AVE.   |  | 26 4851 NW 103 AVE   |  | 04/18/1996  |  |
| 22 SUITE #47  |  | 27 SUITE #47   |  | 4. FEI Number   |  |
| 23 SUNRISE, FL.   |  | 28 SUNRISE, FL   |  | 65-0668729  |  |
| 24 33351  |  | 29 33351   |  | 5. Certificate of Status Desired                        |  |
| 25 BROWARD  |  | 30 BROWARD   |  | <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 9. Name and Address of Current Registered Agent   |  |  |  | 10. Name and Address of New Registered Agent            |  |
| EILENBERG, STEVEN<br>3531 NW 91ST LANE<br>SUNRISE FL 33351  |  |  |  | 81 Name   |  |
|   |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable)   |  |
|   |  |  |  | 83  |  |
|   |  |  |  | 84 City   |  |
|   |  |  |  | 85 Zip Code   |  |
| 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 the applicable (NOTE: Registered Agent signature required when reinstating) |  | DATE  |  |
| Patricia Eilenberg  |  | Patricia EILENBERG   |  | 4/27/98   |  |

|                            |                   |   |  |
|----------------------------|-------------------|---|--|
| 12. OFFICERS AND DIRECTORS |                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
| TITLE                      | P                 | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | EILENBERG, STEVEN | 1.2 NAME  |  |
| STREET ADDRESS             | 3521 NW 91ST LANE | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | SUNRISE FL        | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | P Misspelled      | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SILENBERG, PAT    | 2.2 NAME  | EILENBERG, PAT   |
| STREET ADDRESS             | 3531 NW 91ST LANE | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | SUNRISE FL        | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                   | 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                      |                   | 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                      |                   | 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                      |                   | 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 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: Patricia Eilenberg PATRICIA EILENBERG 4/16/98 954-746-0827

CR2E034 (10/97)