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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000051517 (6)

DENIM UNLIMITED, INC.

Principal	Place	of	Business
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Mailing Address

5858 LAKEHURST DRIVE ORLANDO FL 32819

5858 LAKEHURST DRIVE ORIANDO EL 32819-8315

FILED Jun 13 1997 8:00am Secretary of State



OTILISHOO I'L I	Arai A	SHERRED IE GEGIGADA	•						
						3. Date Incorporated or Qualified 06/17/1996	3a. Dat	e of Last F	teport
2. Principal P	lace of Business	2a. Mailing Address	"			4. FEI Number		Aş	oplied For
21	26				59-339007	<u> </u>		ot Applicable	
Suite, Apt.	Suite, Apt. #, etc.	e, Apt. #, etc.			5. Certificate of Status Desired			Additional	
22 City & Stat	^		27						equired
City & State City & State					6. Election Campaign Financing Trust Fund Contribution	П		May Be	
Zip	Country	28 Zip	Cni	untry	,	Trust Fund Contribution 8. This corporation has liability for			to Fees
24	25	29	30	J. 1.51. y				ax under s No	. 199.032,
 1	9. Name and Address of Curren			Τ		10. Name and Address of New Re			
KHA	INANI, M S			81	Name				
	B LAKEHURST DRIVE			82	Street Ad	Idress (P.O. Box Number is Not Accepta	ale)		
	ANDO FL 32819			"	Sucot Att	ra-sas (F.O. Dox Hamber is Not Accepta	J.0)		
3				83					
				84	City			85 Zip	Code
				~	City		FL	100 20	Couc
office or r agent. I a	to the provisions of Sections 607,050 registered agent, or both, in the State im familiar with, and accept the obliga	z and 607.1508, Florida SIa of Florida. Such chango wa ations of, Section 607.0505,	itutes, the a as authorize Florida Sta	bove d by tutes	e-named oc / the corpor s.	propriation submits this statement for the ration's board of directors. I hereby acce	ourpose of pt the appo	changing i sintment as	ts registered registered
SIGNATURE	Signature, typed or printed name of registered age	ni and title if applicable (N	VOTE: Registere	d Age	nt signature rec	quired when reinstating)	DATE		
12.	OFFICERS ANI	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	CERS AND		
TITLE	D	☐ DELETE	1.1 1	ITLE	_ [Change	Addition
NAME	MAALI, JESSE		12 N	IAME					
STREET ADDRESS	5858 LAKEHURST DRIVE		1.3 \$	TREET	ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32819			ITY-S	I - ZIP			-1 &	
TITLE	D	☐ DELETE	2.1 ₹					Change	☐ Addition
NAME	KHANANI, M S		2.2 N	-					
STREET ADDRESS	5858 LAKEHURST DRIVE				ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32819	DELETE	2. 4 C		67 - ZIP			Change	Addition
TITLE NAME		LJ OTITE!E	3.1 I 3.2 N				ļ	ougube	L) MOUITON
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP									
TITLE		DELETE	4.1 7		ST - ZIP			Change	Addition
NAME			4. 2 !		-		,	3.	
STREET ADORESS					ADDRESS				
CITY-ST-ZIP				ITY-S					
TITLE		☐ DEL£TE	5.17					Change	Addition
NAME			5.2 N	AME					
STREET ADDRESS			5.3 S	TREFT	ADDRESS				
CITY-ST-ZIP			540	ITY-S	1-ZIP				
TITLE		DELETE	61 T	ITLE				Change	Addition
NAME			6.2 N	AME					
STREET ADDRESS			6.3 \$	IREET	ADDRESS				
CITY-ST-ZIP			6.4 C	(TY - \$1	T- 7IP				

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 armual 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 by 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.

AIAN ARUBE.

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