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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000051517

1. Corporation Name

DENIM UNLIMITED, INC.

Principal	Place	of	Business							

2. Principal Place of Business

Mailing Address

2a. Mailing Address

5858 LAKEHURST DRIVE ORLANDO FL 32819

5858 LAKEHURST DRIVE ORLANDO FL 32819

## FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90133 040 \*\*\*158.75



Applied For

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

06/17/1996

4. FEI Number

21		26			59-3390071		Not	Applicable		
Suite, Apt. 3	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	X	<b>\$8.75</b> A Fee Red			
City & State City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 ( Added to	· · · · · · · · · · · · · · · · · · ·			
23     28		Country		8. This corporation owes the cur-	rent vear Int					
24	25 29 30		]		Personal Property Tax.		∐ Yes	No		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
KHANANI, M S 5858 LAKEHURST DRIVE ORLANDO FL 32819		81 Name								
		82	82 Street Address (P.O. Box Number is Not Acceptable)							
		83								
		84	City		Fi	85 Zip C	ode			
					4	FL		ragintarad		
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		13.		ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECTO	RS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE				Change	Addition		
NAME	MAALI, JESSE		1.2 NAME					i		
STREET ADDRESS	5858 LAKEHURST DRIVE		1.3 STREET	ADDRESS				·		
CITY-ST-ZIP	ORLANDO FL 32819		1.4 CITY-ST	-ZIP						
TITLE	D	☐ DELETE	2.1 TITLE				Change	☐ Addition		
NAME	KHANANI, M S		2.2 NAME							
1		2.3 STREET	ADDRESS							
CITY-ST-ZIP	ORLANDO FL 32819		2. 4 CITY-S	T-ZiP						
TITLE	The same of the sa	. DELETE,	3.1 TITLE		<del>-</del> -		Change	☐ Addition		
NAME			3.2 NAME							
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TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition		
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET	ADDRESS						
CITY-ST-ZIP		·	4.4 CITY-ST	-ZIP	<u> </u>		☐ Change	Addition		
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NAME.			5.2 NAME	1000000						
STREET ADDRESS			5.3 STREET	1						
CITY-ST-ZIP	<u></u>	☐ DELETE	5.4 CITY-\$1 6.1 TITLE	- ZIP			☐ Change	Addition		
TITLE		☐ nerese	6.2 NAME				C - milda			
NAME			6.2 NAME I 6.3 STREET	ADDDESS						
STREET ADDRESS						•				
CITY-ST-ZIP		ili dila da angli da a	6.4 CITY-ST		Costion 110 07/3/ii) Elorida Statutos	I di sala a a a a	differ that the in	formation		

I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic 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, with all other like empowered.

SIGNATURE:

Daytime Phone #