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

FILED Apr 24 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** P96000061966 (3) ABSOLUTE BEACHWEAR, INC. Principal Place of Business Mailing Address 1018 S. ATLANTIC AVE 1018 S. ATLANTIC AVE. DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/22/1996 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3405270 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 26 Trust Fund Contribution Added to Fees **Z**ip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 29 Personal Property Tax due June 30. 25 30 Name and Address of Current Registered Agent Name and Address of New Registered Agent Name KOUZOUDJIAN, GEORGES 1018 S. ATLANTIC AVE. Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH FL 32118 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 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 Forida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Familiar with, and the obligation of Section 607.0505, Florida Statutes. YARON ELKAYAM SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE TITLE KOUZOUDJIAN, GEORGES 1.2 NAME CR2E034 NAME 1018 S. ATLANTIC AVE. 1.3 STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE **ELKAYAM. YARON** NAME 2.2 NAME 1018 S. ATLANTIC AVE. STREET ADDRESS 2.3 STREET ADDRESS DAYTONA BEACH FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition

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 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 trustol, 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.

51 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

5.4 CITY - ST - ZIP

6 3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADORESS

STREET ADDRESS CITY - ST - ZIP

CITY-ST-ZIP

4/16/98 YARON ELKAYAM

Addition