## 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

## FILED Apr 01 1998 8:00am Secretary of State

1. Corporation	RY OUTLET OF WES	ST FLORIDA, INC.	J <del>(4)</del>					
Principal Plac	e of Business	Mailing Addre	ess			d candidati and calife alian datut datut basu arun bu	148 41811 18884 118	
2801 W. REYNOLDS 3138 23RD AVE., NORTH			VE., NORTH					
PLANT CITY FL 33567-4133 ST. PETERSBU			URG FL 33713	FL 33713		DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	- OI AOL	
						07/26/1996		
2. Principal F	lace of Business	2a, Mailing Ad	2a. Mailing Address			4. FEI Number	1A	oplied For
21		26				59-3390511	No	ot Applicable
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired
City & Stat	e	. <del> </del>	City & State			6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country Zip C		ountry  8. This corporation owes or has paid the current year Ir		tangible			
24	25 29 30 g. Name and Address of Current Registered Agent		·		Personal Property Tax due June 30.		] No	
	<del></del>	of Current Registered Ager	<u>it</u>	81	Nama	10. Name and Address of New Registered	Agent	
	SSMAN, ALAN S ESQ.			*'	Name			
	45 COURT STREET IITE 102			82	Street Ad	idress (P.O. Box Number is Not Acceptable)		
	EARWATER FL			83				
				84	City		85 Zip (	Code
					•	<u> </u>	_   '   '	
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.								
agent. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE								
	Signature, typed or ponted name of re				signature rec	quired when reinstating) DATE		
12.	OF IC	CERS AND DIRECTORS	DELETE 1.1	I. TITLE		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR  Change	RS IN 12 Addition
NAME	MEANA, SHARON MARIE			1.2 NAME			L Change	
STREET ADDRESS	2801 W. REYNOLDS	W 11'E		STREET AL	DDBESS			
CITY-ST-ZIP	PLANT CITY FL 3356	7-4133		CITY-ST-				
TITLE	D	DELETE DELETE		2.1 TITLE		1	Change	Addition
NAME	<del>meana</del> , melissa marie		2.2	2.2 NAME		DIAKOS,Melissa M.	. –	
STREET ADDRESS				2.3 STREET ADDRESS				
CITY - ST - ZIP	PLANT CITY FL 3356			CITY-ST-	-ZIP			
TITLE	DELETE 3:		3.1 TITLE			Change	Addition	
NAME				NAME				
STREET ADDRESS			3.3	STREET AL	DORESS			
CITY-ST-ZIP				3.4. CITY - ST - ZIP 4.1 TITLE			Change	Addition
TITLE		ں						L. Addition
NAME				NAME				
STREET ADORESS				STREET AL				
CITY-ST-ZIP TITLE			or test	CITY-ST- TITLE	ZIP		Change	Addition
NAME				NAME				
STREET ADDRESS				STREET AC	ODRESS			
CITY-ST-ZIP				CITY-ST-	1			
TITLE				TITLE			Change	Addition
NAME			6.2	NAME				
STREET ADDRESS	-		6.3	STREET AC	DDRESS			
CITY-ST-ZIP			6.4	CITY-ST-	ZIP			

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 go an attachment with an address.