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 # P96000075440

DRESS FOR LESS FASHIONS, INC.

Deigning Dines	of Business	Mailing Address		-				
Principal Place								
2930 NORTH STATE ROAD 7 2930 NORTH STATE ROAD 7								
LAUDERDALE LAKES FL 33313 LAUDERDALE LAKES FL 3331			3		DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed			- :	
					09/11/1996			
					4. FEI Number		T Anr	olied For
2. Principal Pl	lace of Business	2a. Mailing Address			i ·			Applicable
21		26			65-0696944			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
22		27						
City & State	e	City & State			6. Election Campaign Financing	П	\$5.00	
_	_	28			Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Counti	ry	8. This corporation owes the cur	rent year Int	angible	. /
		29	_		Personal Property Tax.		☐ Yes	No
24	25	1=0	<u> </u>		10. Name and Address of New	Registered .	Agent	
	9. Name and Address of Curre	The Registered Agent	8	1 Name				
8447		production of the second	١					
MARK, RAM				2 Street Add	dress (P.O. Box Number is Not Acceptable)			
2930 NORTH STATE ROAD 7					8 3 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	- version was go o	AGAI AND EST	100 F29 F2 F
LAUDERDALE LAKES FL 33313			8	3			100	
			-	4 City		411.94	85 Zip C	ode
4 .		•	1-			FL	_ '	
Salar transfer of	10.44 - Cardistan of Captions 607.05	02 and 607 1508. Florida Statutes	the abo	ve-named con	oration submits this statement for the	purpose of	changing its	registered
office or i	registered agent, or both, in the State	e of Florida. Such change was aut	horized b	y the corporati	poration submits this statement for the on's board of directors. I hereby access	pt the appor	ntment as reg	gisterea
agent. I a	registered agent, or both, in the State am familiar with, and accept the obtain	ettons of, Section 607.0505, Florid	la Statute	es.	17	1/16	slaa	
SIGNATURE	x /K Macc			KUE	· (DATE	7 313	
OICHATORE.	Signature, ped or printed name of registered ag	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	gent signature require	ADDITIONS/CHANGES TO O	EICEDS AN	ID DIRECTO	RS IN 12
12.	OFFICERS A	ND DIRECTORS	13.			TIQENO AI	[] Change	Addition
TITLE	PD	☐ DELETE	1.1 TITLE	Ē			criaings	
NAME	MARK, RAM		1.2 NAM	E				
STREET ADDRESS	ACCO MODELL CTATE DOAD 7	•	1.3 STRE	EET ADDRESS				
	LAUDERDALE LAKES FL 333							
CITY-ST-ZIP	DAUDENDALE LAKES FL 333	12	14 CITY	. QT. 7ID				
TITLE			1,4 CITY				☐ Change	☐ Addition
NAME		DELETE	2.1 TITLS	E	· ·		☐ Change	☐ Addition
STREET ADDRESS			2.1 TITLS 2.2 NAM	E BE	<u> </u>		☐ Change	☐ Addition
CITY-ST-ZIP	S		2.1 TITLS 2.2 NAM	E	<u>.</u>		☐ Change	☐ Addition
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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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

欧纳拉特人的成员

CITY-ST-ZIF

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETÉ

FILED

Feb 06, 1999 8:00am

Secretary of State

02-06-1999 90031 023 ***150.00

Addition

Change