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Mar 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000101431 (0)

1. Corporation Name

OUTRAGEOUS THREADS, INC.



Principal Place of Business

Mailing Address

2449 E. OCEAN BLVD.
STUART FL 34996

2449 E. OCEAN BLVD.
STUART FL 34996-3311

2. Principal Place of Business

21 Outrageous Threads

22 2449 E Ocean Blvd

23 Stuart FL

24 34996

25 Martin

2a. Mailing Address

26 Outrageous Threads

27 2449 E Ocean Blvd

28 Stuart FL

29 34996

30 Martin

3. Date Incorporated or Qualified

11/26/1996

3a. Date of Last Report

New Business Report

4. FEI Number

65-0730495

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

CIALONE, JUDY
4450 SW QUIET PLACE
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81 Name

Judy Cialone

82 Street Address (P.O. Box Number is Not Acceptable)

4450 SW Quiet Pl

83

Palm City

84 City

FL

85 Zip Code

34990

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

Judy Cialone

JUDY CIALONE

3-12-97

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CIALONE, JUDY
STREET ADDRESS 4450 SW QUIET PLACE
CITY- ST- ZIP PALM CITY FL 34990

TITLE STD
NAME CHISHOLM, POLLY
STREET ADDRESS 4450 SW QUIET PLACE
CITY- ST- ZIP PALM CITY FL 34990

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

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 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.

SIGNATURE:

Judy Cialone

3-12-97 (561)2208042

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0011801

CR2E034 (9/96)