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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000101431 (0)
OUTRAGEOUS THREADS, INC.

FILED Feb 24 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					- I INTIIOBI IIE INII BIIII OTIII BUII BUII	IIBII ARIBI KAN RIBER	INEL HOLIOOL
2449 E. OCEAN BLVD. OUTRAGEOUS THREADS STUART FL 34996		2449 E. OCEAN BLVD. OUTRAGEOUS THREADS STUART FL 34996		DO NOT WRITE IN THIS SPACE			
US		U\$			 Date Incorporated or Qualified 11/26/1996 		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number 65-0730495	Applied For Not Applicable	
Suite, Apt. #, etc		Suite Apt # etc	Suite, Apt. #. etc.			<u> </u>	Additional
22		27	·		5. Certificate of Status Desired	, ,	Required
City & State		City & State	City & Stale		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	7ip	Country		This corporation owes or has paid the current year Intangible		
24	25	1 -1 h	30		Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CIA	LONE, JUDY			81 Name			
	SO SW OUIET PLACE		<u> </u>	B2 Street Add	treet Address (P.O. Box Number is Not Acceptable)		
PAI	LM CITY FL 34990		-	B3			
			-	84 City		les 7:	n Codo
				64 City		FL 85 Zi	p Code
office or re	lo the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was a	uthorized	by the corpora	rporation submits this statement for the purpation's board of directors. I hereby accept t	oose of changing he appointment a	its registered as registered
SIGNATURE	Signature, typed or printed cause of registered ag	AVVI	Denistarad	form carriers room	uired when reinstating)	DATE	
12.		ND DIRECTORS	13.	whete physics redi	ADDITIONS/CHANGES TO OFFICER		OBS IN 12
TITLE	PD	DELETE	1.1 TITI	.E	120000000000000000000000000000000000000	Change	
NAME	CIALONE, JUDY		1.2 NAI	AE .			
STREET ADDRESS	4450 SW QUIET PLACE 1.3S		1.3 STR	EET ADDRESS			Įį
CITY-ST-ZIP	PALM CITY FL 34990	34990		Y-ST-ZIP] [
TITLE	STD	DELETE	2 1 TITI	.E		Change	B Addition
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CITY-ST-ZIP				Y-ST-24P		—	4 3 300
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NAME			4. 2 NA				
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NAME			62 NAN				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP			6.4 CIT	r - ST - ZIP			

Thereby certify that the information supplied with this bling 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 tegal effect as if made under eath; 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:

rdy Cialone

JUDY CIALONE

56/2208042