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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an attachment with an address.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 08 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700032985 (8)

YOUNG EARTHLING OUTRAGEOUS WEAR, INC.

<u>ach agonthulaneadertnikargad</u>kherd Maneambagelkorgi MERCHANDEN AND REPORTED HER PROPERTY OF THE PARTY OF THE XMAKMADEXARM DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/07/1997 2. Principal Place of Business 2a, Mailing Address FEI Number Applied For 59.34253 341 North Maitland Avenue Post Office Drawer 7540 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired **Suite 340** Fee Required 27 Cily & State 6. Election Campaign Financing \$5.00 May Be Maitland, Florida Maitland, Florida Trust Fund Contribution 28 Added to Fees Country 8, This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 32751 USA 32794-7540 USA Personal Property Tax due June 30. 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MARCHAPHIME Philip Tatich OO KOOMINI XAKIR DERTINIX ROAD #290 reet Address (P.O. Box Number is Not Acceptable)

341 North Maitland Avenue 82 MARTHANOLFY 12351 X 63 Suite 340 84 City **Maitland** Zip Code 32751 85 Pursuant to the provisions of Sections 607 0502 and 607 1508 office or registered agent or both, in the State of Florida Such agent. I am familiar with and accept the obligations of, Section rida Statutes, the above-named corporation submits this statement for the purpose of changing its registered ange was authorized by the corporation's board of directors. I hereby accept the appointment as registered 0.0505 Florid Statutes. 1/15/98 SIGNATURE (NOTE: Registered Agent signature required when re-instating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. AND DIRECTORS 13. Change P/0/5 TITLE 1.1 TITLE Green, Beverly 216 Petflewood NAME 1.2 NAME STREET ADDRESS 1,3 STREET ADDRESS FL_ CITY-ST-ZIP 1.4 CITY-ST-ZIP DLLETE Change Addition 2.1 TITLE TITLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

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