

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

FILED  
May 17, 1999 8:00 am  
Secretary of State

05-17-1999 90068 006 \*\*\*150.00

DOCUMENT # P97000057187

1. Corporation Name

YOUR EX CLOTHING, INC.



Principal Place of Business

625 11TH AVENUE SOUTH  
JACKSONVILLE BEACH FL 32250

Mailing Address

625 11TH AVENUE SOUTH  
JACKSONVILLE BEACH FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1997

4. FEI Number

59-3457137

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 owes the current year Intangible  
Personal Property Tax.

Yes No

2. Principal Place of Business

21 5 17th AVENUE NORTH

2a. Mailing Address

26 1015 ATLANTIC BLVD

Suite, Apt. #, etc.

22 201

Suite, Apt. #, etc.

27 81

City & State

23 JACKSONVILLE BEACH FL

City & State

28 ATLANTIC BEACH FL

Zip Country

24 32250 25 USA

Zip Country

29 32233 30 USA

9. Name and Address of Current Registered Agent

HOWTON, JOSEPH H  
625 11TH AVENUE SOUTH  
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent

81 Name

KEVIN MARASCO

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

1501 NEPTUNE GROVE DRIVE W

83

84 City

NEPTUNE BEACH

FL

85 Zip Code

32266

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

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

(NOTE: Registered Agent signature required when reinstating)

5/17/99

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D HOWTON, JOSEPH H  
625 11TH AVENUE SOUTH  
JACKSONVILLE BEACH FL 32250

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D BUCHANAN, DAVID  
625 11TH AVENUE SOUTH  
JACKSONVILLE BEACH FL 32250

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D MARRASO, KEVIN  
1501 NEPTUNE GROVE DRIVE  
NEPTUNE BEACH FL 32266

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

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

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/99

Date

904-333-1859

Daytime Phone #

CR2E034 (1/98)