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

' PROFIT **CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARIMENTACE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97 1. Corporation Name LIME LYCE FASHIONS, INC. P97000079904 (3)

FILED Jun 29 1998 8:00am Secretary of State

	T.					
Principal Plac	e of Business	Mailing Address		T (MBISSEN 150 SB) 1986 1987 AB) 1 AB 11	(28) IMMAN GALLA IMATY MATAY NING HANG	
3013 E. LAS OLÂS BLVD. 3013 E. LAS OLAS BLVD.			D.			
FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316			3316	SO NOT WORK IN	TI 110 004.0F	
	1			DO NOT WRITE IN 1	THIS SPACE	
	- -			3. Date Incorporated or Qualified 09/16/1997		
9 Principal S	Place of Business	2a, Mailing Address		4. FEI Number	Applied For	
	lace of Busiliess	⊢ , , ,		LIGOTH CASES	Applied For Not Applicable	
26 Suite, Apt. #, etc. Suite. Apt. #, otc.				SR 75 Additional		
27 Suite, Apr. #, 6tc.			5. Certificate of Status Desired	Fee Required		
City & State City & State			6. Election Campaign Financing	\$5.00 May Be		
23 28			Trust Fund Contribution			
j Zip	Country	Zφ	Country	8. This corporation owes or has paid th	e current year Intangible	
24	25	29	30	Personal Property Tax due June 30.	Yes ☐ No	
	9. Name and Address of Curren	it Registered Agent		10. Name and Address of New Regist	ered Agent	
ASULIN, ISAAC 81 Name						
3013 É. LAS OLAS BLVD.			R2 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
FT. LAUDERDALE FL 33316			or corrun			
)	· ·		83			
			84 City		85 Zip Code	
			City		FL S Zip Code	
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 Statutos.						
SIGNATURE						
Grandin	Signature, typical or printed tracic of registered age	nt and file if applicable (NC	L Registered Agent signature req		ATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	PS	DELETE	1.1 TITLE		Change L Addition	
NAME	ASULIN, ISAAC		1.2 NAME			
STREET ADDRESS	\$013 E. LAS OLAS BLVD.		1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	T origin	1.4 CITY - ST - ZIP	<u></u>	A 4495	
TITLE	:	☐ DELETE	. 2.1 TiTL€		☐ Change ☐ Addition	
NAME	•		2.2 NAME			
STREET ADDRESS	Ē		2.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	2. 4 CITY - ST - ZIP		Change Addition	
TITLE	-	FT Dettie	3.1 TITLE		Checking Changings	
NAME			3.2 NAME			
STREET ADDRESS	:		3.3 STREET ADDRESS			
CITY-ST-ZIP		DELE1E	3.4. CITY-ST-ZIP		Change Addition	
TITLE	-	E) office	4.1 TITLE		Fil country Fil very (in)	
NAME AVALET ADDRESS			4.2 NAME			
STREET ADDRESS	·		4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CHY-ST-ZIP 51 TITLE		Change Addition	
			5.2 NAME		, C	
NAME CYDEET ADODESE			5.2 NAME 5.3 STREET ADDRESS		かんの	
STREET ADDRESS	1		1		10-21	
CITY-ST-ZIP		☐ DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition	
TITLE NAME	:			400002547		
			6.2 NAME	-06/04/9801033-	-nos	
STREET ADDRESS	;		6.3 STREET ADDRESS	***300.00	right with the state of the sta	
CITY-ST-ZIP		10 11 1 CC	6.4 CITY-ST-ZIP	Provide 440 04/20/0 Florida Districto I fortil		

Thereby certify that the information supplied with this filing closs not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutos. I further certify that the informatic 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 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.