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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000081213 (5)

CLIPPER TRENDS UNLIMITED, INC.

Principal Place of Business Mailing Addre

FILED Apr 28 1998 8:00am Secretary of State

/ U



1 Till Cipal Flace of Business		Mailing Address		
500 NE SPANISH RIVER BLVD #28A BOCA RATON FL 33431		500 NE SPANISH RIVER BLVD #28A BOCA RATON FL 33431		DO MOT HIDITE IN THIS ADVOC
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 909/18/1997
2. Principal P	lace of Business	2a. Mailing Address		4. FSI Number Applied For
21		26		450781284 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5 Certificate of Status Desired \$8.75 Additional
2		27		5. Certificate of Status Desired Fee Required
City & State	e	City & State		6. Election Campaign Financing \$5.00 May Be
3		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
4	25	29	30	Personal Property Tax due June 30. 🔲 Yes 💆 No
	g, Name and Address of Curi	ent Registered Agent		10. Name and Address of New Registered Agent
KH,	ATRI, GEETA		81 Name	
	NE SPANISH RIVER BLVD #	28A	82 Stree	t Address (P.O. Box Number is Not Acceptable)
	CA RATON FL 33431		02 31166	t Address (F.O. Box Number is Not Acceptable)
	0.1111.1011.12.00.101		83	
1.5	•		84 City	FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0	502 and 607.1508, Florida Statut	es, the above-name	d corporation submits this statement for the purpose of changing its registered
Office of re	egistered agent, or both, in the Sta m familiar with, and accept the ob	ite of Florida. Such change was :	authorized by the co	rporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	The man that, and accept the ob	ingations of, accitain our today, in	onda otatutes.	
	Signature, typed or printed name of registered	agent and late if applicable (NO?	E Registered Agent signatu	re required when reinstating) DATE
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D .	☐ DELETE	1.1 TITLE	Change Addition
NAME	KHATRI, GEETA		1.2 NAME	
STREET ADDRESS	500 NE SPANISH RIVER BL	.VD #28A	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431		1.4 CITY - ST - ZIP	•
TITLE		☐ DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADORESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2. 4 CITY - ST - ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	3.4 CITY-ST-ZIP 4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP	
NTLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	
TITLE		☐ DELET E	6.1 TITLE	☐ Change ☐ Addition
IAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY - ST - ZIP	
14. I hereby c	ertify that the information supplied	with this filling does not qualify for	or the exemption stat	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information
officer or o	on this annual report of supplemen director of the corporation or the re	ntal annual report is true and acc sceiver or trustee empowered to	urate and that my si execute this report a	gnature shall have the same legal effect as if made under oath; that I am an s required by Chapter 607, Florida Statutes; and that my name appears in
Block 12 c	or Block 13 if change I, or on an at	tachinght with an address.		M. /-
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CICNIATI	ude. / /////	AS SE INVALLED A		471111X