## 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 #
1. Corporation Name P97000092547 (3)

THIS-N-THAT CLOTHING OUTLET, INC.

**FILED** May 04 1998 8:00am Secretary of State

Principal Place of Business		Mailing Address		
108 S. LAKE AVE. ORLANDO FL 32801		<del>106-6. lake av</del> e. <del>Orlando fl 3260</del> 1		
0110410072	***************************************	5203 S. John	Young PK	DO NOT WRITE IN THIS SPACE
		orlando, Fi		S. Sate Mediperated of Adamed
2. Principal Place of Business		2a. Mailing Address	72831	10/28/1997 4. FEI Number Applied For
21			John You	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		\$8.75 Additional
22		27		Certificate of Status Desired     Fee Required
City & State		City & State	FL	6. Election Campaign Financing \$5.00 May Be
Zip	Country	28 Orlando,	Country	Trust Fund Contribution
24	25	- 2~070 F	£كا ```نو	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre		501	10. Name and Address of New Registered Agent
BL/	ACK, RONALD W		81 Name	
106	S. LAKE AVE.		82 Street	Address (P.O. Box Number is Not Acceptable)
OR	LANDO FL 32801		20	
			83	
			84 City	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the above-named	corporation submits this statement for the purpose of changing its registered
office or r	ogistered agent, or both, in the State on familiar with, and accept the obliq	e of Horida. Such channe was au	ithorized by the corn	oration's board of directors. I hereby accept the appointment as registered
SIGNATURE	alound VI	. President	CH4	vidi L. Roude) 4/24/98
SIGNATURE	Signature, typed or printed name of registered ag		Registered Agent signature	required when reinstating) DATE
12.		ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DCDD BOBBY		1.1 THILE	Vice President Change Addition
NAME Street Address	REDD, BOBBY 4431 TERESA BLVD.		1.2 NAME 1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32811		1.4 City - St - ZiP	
TITLE	<u> </u>	☐ DELET <b>E</b>	2.1 TITLE	President Change Addition
NAME			2.2 NAME	Heldi L. Roude
STREET ADDRESS			2 3 STREET ADDRESS	Heldi L. Roude 3944 Versailles Drive
CITY-\$T-ZIP			2. 4 CITY-ST-ZIP	orlando, FL 32808
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY+\$T-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		DELETE	51 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		Lociete	54 CITY-ST-ZIP	The Table
TITLE		☐ DELETE	61 TITLE	L.J. Change L.J. Addition
NAME STREET ADDRESS			62 NAME	
CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I hereby o	certify that the information supplied v	vith this filing does not qualify for	the exemption state	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information
Indicated officer or	on this annual report or supplement	al annual report is true <b>and accu</b> æiver or trustee empower <b>ed</b> to ex	rate and that my sign	nature shall have the same legal effect as if made under oath; that I am an required by Chapter 607, Florida Statutes; and that my name appears in