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

DOCUMENT # P9700092547

1. Corporation Name

THIS-N-THAT CLOTHING OUTLET, INC.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90245 036 ***150.00

				<u> </u>	ilo loita fioch billi blott teat teat
Principal Place of Business Mailing Address					
10 0 S. LAKE A VE. 5203 S JOHN YOUNG PKWY					
ORLANDO-FL 32801 ORLANDO-FL 32839		US		DO NOT WRITE IN THIS SPACE	
}		UU		3. Date Incorporated or Qualifed	
				10/28/1997	
~o∼ Princinat Pi	ace of Business	2a. Mailing Address		= 4=FEI Number =	
21 520		26 40 16 FOOT	thills. Dr.	59-3477629	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		\$8.75 Additional
22	Prog	27		5, Certificate of Status Desired	Fee Required
City & State	3	City & State		6. Election Campaign Financing	\$5.00 May Be
23 OV Car			FL .	Trust Fund Contribution	Added to Fees
Zip _	Country	Zip	Country	a This corporation owes the current year	Intangible
325	839 ₂₅ USA	29 32810 30	i usa-	Personal Property Tax.	Yes □No
	9. Name and Address of Current			10. Name and Address of New Registers	ed Ágent
	Of commence of the second seco		. 81 .Name		
BLA	CK, RONALD W	•		(D.O. D. Maria National Association)	
	S. LAKE AVE.		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	ANDÓ FL 32801		83	12.00	
		어떤 다짐			
		•	84 City	F	85 Zip Code
			<u> </u>	<u>-</u>	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Stat⊍tes, f Florida, Such change was auth	, the above-named corp porized by the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the app	or changing its registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statutes.		
SIGNATURE	al. Kong	le. Preside	1	04.16	.99
GIGHATORE	Signature, typed or printed name of registered agent		egistered Agent signature require	ed when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	,VP	QELETE	1.1 TILE	للبيخ للحظيج والدوار الشوار والمشترات السال	Change Addition
NAME	REDD, BOBBY	1	1.2 NAME	Notato.	
STREET ADDRESS	4431 TERESA BLVD.		1.3 STREET ADDRESS	Delete	
CITY-ST-ZIP	ORLANDO FL 32811		1.4 CITY-ST-ZIP		
TITLE	Р	☐ DELETE	2.1 TITLE	resident	Change
NAME	ROUDE, HEIDI L		2.2 NAME	Roude, Heidi Lo	r T
STREET ADDRESS	3944 VERSAILLES DRIVE		2.3 STREET ADDRESS	resident Roude, Heidi Lo 4016 Foothills Drive Orlando, FL 32810	į
CITY-ST-ZIP	ORLANDO FL 32808	•	2. 4 CITY-ST-ZIP	Oviendo FL 32810	
TITLE		☐ DELETE	3.1 TITLE	U (200)	☐ Change ☐ Addition
1			3.2 NAME		
NAME .	,		3.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		, Merete	l i	•	C Strange C, topinon
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		Į.
C/TY-ST-Z/P			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		}
OTDEET ADOPESS	}		5.3 STREET ADDRESS		J

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 suppliemental 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.

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ DELETE