PROFIT CORPORATION ANNUAL REPORT

--1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # P98000 G FASHIONS, INC.	JU4833	31					
Principal Place	e of Business	Mailing A	ddress			A HARATONI HAR LOLDE JOINE BAHT OFFIN RA	10; BAILL BANK I IBINA 111A	l Mithrasas inna
1 '	BOULEVARD. #C40	260 CRAN	DON BOULEVARD	#C40)		
KEY BISCAYNE			AYNE FL 33149			DO NOT WESTER	THE POACE	
						DO NOT WRITE IN	THIS SPACE	
						3. Date incorporated or Qualifed 05/27/1998		t
2 0-1-1-10	less of Divisions	2a Mailin	2a. Mailing Address			4 FEI Number 11 00 == 10	I An	olied For
2. Principal Place of Business		, —	26			65.08H2372		Applicable
Suite, Apt, #, etc.			Suite, Apt. #, etc.				\$8.75	
22	m, 0.00	27	· · · · · · · · · · · · · · · · · · ·		_	5. Certificate of Status Desired	_ Fee Re	guired
City & State			City & State			6. Election Campaign Financing 35.00 May Be		
23		28				Trust Fund Contribution	Added t	Fees
Zip	Country	Zip	-	Coun	itry	8. This corporation owes the current y		
24	25	29		30		Personal Property Tax.		□No
	9. Name and Address of Currer	nt Registered A	\gent			10. Name and Address of New Regis	tered Agent	
100	V GEODGE			'	81 Name			
LEVY, GEORGE 260 CRANDON BOULEVARD, #C40				1	82 Street Add	ress (P.O. Box Number is Not Acceptable)		
KEY BISCAYNE FL 33149.				}-	83		<u>·</u>	
NET	DISCATILE PL 35149]	63			
	· ·			Ī	84 City		FL 85 Zip C	ode
			S FLUIA BULL			norming a should this statement for the curr	ose of changing its	registered
office or re agent. I as SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age				by the corporati tes.	poration submits this statement for the purp ion's board of directors. I hereby accept the	ATE	\
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS (N 12
TITLE	D		DELETE	1.1 TITL	E			Addition
NAME	LEVY, GEORGE						☐ Change	
STREET ADDRESS	260 CRANDON BOULEVARD,			1.2 NAM	AE		, LI Change	
		#C40			AE LEET ADORESS		Change .	
CITY-ST-71P I		# C40		1.3 STR	ľ			- Audiana
TITLE	KEY BISCAYNE FL 33149	#C40	DELÉTE	1.3 STR	KEET ADDRESS Y-ST-ZIP		☐ Change	R\$ (N 12
		#C40	□ DELETE	13.5TR 1,4.CTN	EET ADORESS Y-ST-ZIP LE			Addition
TITLE		#C40	☐ DELÉTE	1.3 STR 1.4 CTT 2.1 TITL 2.2 NAM	EET ADORESS Y-ST-ZIP LE			Addition
TITLE NAME		#C40		1.3 STR 1.4 CTN 2.1 TITL 22 NAM 2.3 STR	EET ADORESS Y-ST-ZIP LE		Change	
TITLE NAME STREET ADDRESS		# C40	□ DELÉTE	1.3 STR 1.4 CTN 2.1 TITL 22 NAM 2.3 STR	EET ADDRESS Y-ST-ZIP LE ME SEET ADDRESS Y-ST-ZIP			Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP		# C40		13 STR 14 CTN 2.1 TTL 22 NAW 23 STR 2.4 CTT	EET ADDRESS Y-ST-ZIP E E E E E E T ST-ZIP		Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		#C40		1.3 STR 1.4 CTD 2.1 TTL 22 NAM 2.3 STR 2.4 CT 3.1 TTL 3.2 NAM	EET ADDRESS Y-ST-ZIP E E E E E E T ST-ZIP		Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		#C40	OBLETE .	1.3 STR 1.4 CTD 2.1 TTL 2.2 NAM 2.3 STR 2.4 CCT 3.1 TTL 3.2 NAM 3.3 STR 3.4 CCT	EET ADDRESS Y-ST-ZIP LE ME ME MET ADDRESS Y-ST-ZIP LE ME MET ADDRESS Y-ST-ZIP ME MET ADDRESS Y-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZEP TITLE NAME STREET ADDRESS		#C40		1.3 STR 1.4 CTN 2.1 TTTL 2.2 NAM 2.3 STR 2.4 CTT 3.1 TTTL 3.2 NAM 3.3 STR 3.4 CTT 4.1 TTTL	EET ADDRESS Y-ST-ZIP LE ME ME MEET ADDRESS Y-ST-ZIP LE MEET ADDRESS Y-ST-ZIP LE MEET ADDRESS Y-ST-ZIP LE		Change	
TITLE NAME STREET ADDRESS CITY-ST-ZEP TITLE NAME STREET ADDRESS CITY-ST-ZEP		#C40	OBLETE .	1.3 STR 1.4 CTN 2.1 TTTL 2.2 NAM 2.3 STR 2.4 CTT 3.1 TTTL 3.2 NAM 3.3 STR 3.4 CTT 4.1 TTTL 4.2 NAM	EET ADDRESS Y-ST-ZIP LE ME ME MEET ADDRESS Y-ST-ZIP LE MEET ADDRESS Y-ST-ZIP LE MEET ADDRESS Y-ST-ZIP LE MEMEET ADDRESS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZEP TITLE NAME STREET ADDRESS CITY-ST-ZEP TITLE		#C40	OBLETE .	1.3 STR 1.4 CTN 2.1 TTTL 2.2 NAM 2.3 STR 2.4 CTT 3.1 TTTL 3.2 NAM 3.3 STR 4.1 TTTL 4.2 NAM 4.3 STR	EET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE MEET ADDRESS Y-ST-ZIP LE MEET ADDRESS HEET ADDRESS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		#C40	OELETE	1.3 STR 1.4 CITTL 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.3 STR 3.4 CIT 4.2 NAM 4.3 STR 4.4 CITTL 4.4 CITTL 4.4 CITTL	EET ADDRESS Y-ST-ZIP LE ME EET ADDRESS Y-ST-ZIP LE ME EET ADDRESS Y-ST-ZIP LE ME ME EET ADDRESS Y-ST-ZIP		☐ Change	Addition Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZEP TITLE NAME STREET ADDRESS STREET ADDRESS		#C40	OELETE	1.3 STR 1.4 CTD 2.1 TTR 2.2 NAM 2.3 STR 2.4 CTT 3.1 TTR 3.3 STR 3.4 CTT 4.2 TM 4.3 STR 4.4 CTD 5.1 TTR 5.2 NAM 5.3 STR	EET ADDRESS Y-ST-ZIP LE ME		☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZEP CITY-ST-ZEP CITY-ST-ZEP		#C40	DELETE	1.3 STR 1.4 CTD 2.1 TTR 2.2 NAM 2.3 STR 2.4 CTT 3.1 TTR 3.3 STR 3.4 CTT 4.2 TTR 4.2 NAM 4.3 STR 4.4 CTD 5.1 TTR 5.2 NAM 5.3 STR 5.4 CTD	EET ADDRESS Y-ST-ZIP EET ADDRESS Y-ST-ZIP EET ADDRESS Y-ST-ZIP EET ADDRESS Y-ST-ZIP LE ME EET ADDRESS Y-ST-ZIP LE ME EET ADDRESS Y-ST-ZIP		Change	Addition Addition
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6.4 CITY ST-ZIP 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 atjachment with an address, with all other like empowered.

May 04, 1999 8:00 am Secretary of State

05-04-1999 90025 014 ***150.00