FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 12, 1999 8:00 am Secretary of State

PROFIX CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT #

1. Corporation Name P 980000 120 94

J. Tomasello Fashions IInc.

Principal Place of Business

Mailing Address

801 Congress Ct

Same

Tomp= 1 FL 33613

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

05-12-1999 90005 030 ***150.00

| 14 . , | • | | Hugust 18 | 1778 | |
|---|---|---|---|------------------|------------|
| 2. Principal Place of Business | 2a. Mailing Address | | 4. FEI Number | Apr | olied For |
| 21 | 26 | | 59-3565648 | Not | Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. Suite, Apt. #, etc. | | 5. Certifcate of Status Desired | \$8.75 A | |
| 22 | 27 | | 3. Certificate of Status Desired | Fee Rec | quired |
| City & State City & State | | - | 6. Election Campaign Financing | \$5.00 1 | May Be |
| 23 28 | | | Trust Fund.Contribution | Added to | Fees |
| Zip Country | Zip | Country | 8. This corporation owes the current year In | | |
| 24 25 HILS bara | uabe 30 | 0 | Personal Property Tax. | ☐ Yes | XNo |
| 9. Name and Address of Currer | nt Registered Agent | | 10. Name and Address of New Registered | Agent | |
| | 81 Name | | | | |
| Jerome Tanasello 801 Congress Ct. tampa , FL 33613 | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| oviding iom | On Cot 7 lad | | | | |
| 201 Con 97855 | CF. | 83 | | | |
| | 27/17 | 94 0 | | 85 Zip C | odo. |
| 72 MP3 , FL | 33613 | 84 City | FI | _ 85 210 0 | ode |
| 11. Pursuant to the provisions of Sections 607.050 | 2 and 607.1508, Florida Statutes | , the above-named corp | poration submits this statement for the purpose o | f changing its r | registered |
| office or registered agent, or both, in the State | of Florida. Such change was auth | norized by the corporati | on's board of directors. I hereby accept the appo | intment as reg | istered |
| 1/1/2 1/2 | illions of Section Concepts Florid | Page | But + 1 remuch | 4/2/2 | 100 |
| SIGNATURE Signature, typed or printed name of registered agei | nt and title if applicable. NOTE. Re | egistered Agent signature require | | 11001 | -4-4 |
| | ID DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTOR | RS IN 12 |
| TITLE / Drosido at + T | P2.5 DELETE | 1.1 TITLE | | ☐ Change | ☐ Addition |
| NAME Jerone Tom | a se//o | 1.2 NAME | | | |
| STREET ADDRESS 804 6 45 | 20110 | 1.3 STREET ADDRESS | | | |
| STREET ADDRESS 801. Con 9 70 55 CITY-ST-ZIP Tom P2 1 FL | 326/2 | 1,4 CITY-ST-ZIP | | | |
| TITLE VICE Prof. i. t. | DELETE | 2.1 TITLE | | Change | ☐ Addition |
| 1000 - 1700 10001 | + Secretary | 2.2 NAME | | | |
| | 75e1 | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP SOV 2 P P 3h | A 31405 | 2. 4 CITY-ST-ZIP | | | |
| TITLE JAVANIAN | DELETE | 3.1 TITLE | | ☐ Change | ☐ Addition |
| NAME | | -3.2 NAME | | | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | | | ĺ |
| CITY-ST-ZIP | | 3.4. CITY-ST-ZIP | | | |
| TITLE | ☐ DELETE | 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 | 5.1 TITLE | | Change | Addition |
| NAME | | 52 NAME | | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | | |
| TITLE | ☐ DELETE | 6.1 TITLE | | Change | Addition |
| NAME | _ | 6.2 NAME | | | _ |
| STREET ADDRESS | 1 | 63 STREET ADDRESS | | | ĺ |
| | | | | | |

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 attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP