

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 17, 1999 8:00 am
Secretary of State

09-17-1999 90005 038 ***550.00

0024620

DOCUMENT # P98000073250

1. Corporation Name

THE HOME FASHION OUTLET CORP.



Principal Place of Business

5800 HOLLYWOOD BOULEVARD #644
HOLLYWOOD FL 33021

Mailing Address

5800 HOLLYWOOD BOULEVARD #644
HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1998

2. Principal Place of Business

21 321 N. University Drive

2a. Mailing Address

26 321 N. Univ Drive

Suite, Apt. #, etc.

22 Suite R1

Suite, Apt. #, etc.

27 Suite R1

City & State

23 Plantation, FL

City & State

28 Plantation, FL

Zip

24 33324

Country

25 USA

Zip

29 33324

Country

30 USA

4. FEI Number

650858064

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RISPLER, HOLLIS
5800 HOLLYWOOD BOULEVARD
NUMBER 644
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name

Hollis Rispler

82 Street Address (P.O. Box Number is Not Acceptable)

321 N. Univ. Drive Suite R1

83

PLA

84

Plantation

FL

85 Zip Code
33324

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-7-99

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **RISPLER, HOLLIS**

STREET ADDRESS **5800 HOLLYWOOD BOULEVARD #644**

CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME **President**

1.3 STREET ADDRESS

same as above

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

9-7-99

9541-952-8964

9541-952-8964

CR2E034 (5/99)