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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

0563824

FILED  
Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90071 026 \*\*\*150.00

DOCUMENT # P98000082870

1. Corporation Name

JIM'S FASHIONS, INC.



Principal Place of Business

1307 E. OAK ST. NO.4  
ARCADIA FL 34266

Mailing Address

1307 E. OAK ST. NO.4  
ARCADIA FL 34266

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

ELABED, PATRICIA  
1307 E. OAK ST. NO.4  
ARCADIA FL 34266

81 Name

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

83

84 City

FL 85 Zip Code

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

| 12. OFFICERS AND DIRECTORS |                  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                    |   |
|----------------------------|------------------|---|--------------------|---|
| TITLE                      | D                | <input type="checkbox"/> DELETE                       | 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ELABED, PATRICIA |   | 1.2 NAME           |   |
| STREET ADDRESS             | 1307 E. OAK ST.  |   | 1.3 STREET ADDRESS |   |
| CITY-ST-ZIP                | ARCADIA FL 34266 |   | 1.4 CITY-ST-ZIP    |   |
| TITLE                      | PVST             | <input type="checkbox"/> DELETE                       | 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ELABED, PATRICIA |   | 2.2 NAME           |   |
| STREET ADDRESS             | 1307 E. OAK ST.  |   | 2.3 STREET ADDRESS |   |
| CITY-ST-ZIP                | ARCADIA FL 34266 |   | 2.4 CITY-ST-ZIP    |   |
| TITLE                      |                  | <input type="checkbox"/> DELETE                       | 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                  |   | 3.2 NAME           |   |
| STREET ADDRESS             |                  |   | 3.3 STREET ADDRESS |   |
| CITY-ST-ZIP                |                  |   | 3.4. CITY-ST-ZIP   |   |
| TITLE                      |                  | <input type="checkbox"/> DELETE                       | 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                  |   | 4.2 NAME           |   |
| STREET ADDRESS             |                  |   | 4.3 STREET ADDRESS |   |
| CITY-ST-ZIP                |                  |   | 4.4 CITY-ST-ZIP    |   |
| TITLE                      |                  | <input type="checkbox"/> DELETE                       | 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                  |   | 5.2 NAME           |   |
| STREET ADDRESS             |                  |   | 5.3 STREET ADDRESS |   |
| CITY-ST-ZIP                |                  |   | 5.4 CITY-ST-ZIP    |   |
| TITLE                      |                  | <input type="checkbox"/> DELETE                       | 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                  |   | 6.2 NAME           |   |
| STREET ADDRESS             |                  |   | 6.3 STREET ADDRESS |   |
| CITY-ST-ZIP                |                  |   | 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, with all other like empowered.

SIGNATURE:

*Katherine Harris*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

217199

Date

Daytime Phone #

CR2E034 (11/98)