

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

FILED

99 AUG 27 AM 10:29

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P98000089680

1. Corporation Name
A Passion For Fashion, Inc.

Principal Place of Business Mailing Address
**5283 West Atlantic Avenue 8211 West Broward Blvd.
Delray Beach, FL Suite 200
33484 Plantation, FL
33324-2726**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26 8211 West Broward Blvd.	65-0889373	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27 Suite 200	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	27 Plantation, FL	8. This corporation owes the current year intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23	28 33324-2726		
Zip	Country		
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent
**David Torchin, C.P.A.
8211 West Broward Blvd.
Suite 200
Plantation, FL 33324**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3 **800002977188--0**
-09/02/99-01069-009
*****150.00 ***150.00**
B4 City **FL** B5 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 *David Torchin* **David Torchin, C.P.A.** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
P/D <input type="checkbox"/> DELETE	NAME	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
	STREET ADDRESS	1.2 NAME	
	CITY-STATE-ZIP	1.3 STREET ADDRESS	
	TEL	1.4 CITY-ST-ZIP	
	NAME <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
	STREET ADDRESS	2.2 NAME	
	CITY-ST-ZIP	2.3 STREET ADDRESS	
	TEL	2.4 CITY-ST-ZIP	
	NAME <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
	STREET ADDRESS	3.2 NAME	
	CITY-ST-ZIP	3.3 STREET ADDRESS	
	TEL	3.4 CITY-ST-ZIP	
	NAME <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
	STREET ADDRESS	4.2 NAME	
	CITY-ST-ZIP	4.3 STREET ADDRESS	
	TEL	4.4 CITY-ST-ZIP	
	NAME <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
	STREET ADDRESS	5.2 NAME	
	CITY-ST-ZIP	5.3 STREET ADDRESS	
	TEL	5.4 CITY-ST-ZIP	
	NAME <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
	STREET ADDRESS	6.2 NAME	
	CITY-ST-ZIP	6.3 STREET ADDRESS	
	TEL	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 reflected 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: *Debra Birke* **Debra Birke, President**

8/24/99 Date

Daytime Phone #

CR2E034 (11/98)