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**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90099 027 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **S12417**

1. Corporation Name  
**CAREER CLASSIC CLOTHES, INC.**



Principal Place of Business: 2437 S HIAWASSEE RD, ORLANDO FL 32835, US  
 Mailing Address: 2437 S. HIAWASSEE ROAD, ORLANDO FL 32835, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/30/1990	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3035934	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
VAN DE MARK, FRANCIS FARANGIS 9721 BAY VISTA ESTATES RD. ORLANDO FL 32836				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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: *Francis Van De Mark* DATE: 1/19/99

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE: P NAME: FOROUDI, FARANGIS STREET ADDRESS: 9721 BAY VISTA ESTATES BLVD CITY-ST-ZIP: ORLANDO FL 32836 <i>Last name changed only please</i>				<input type="checkbox"/> DELETE 1.1 TITLE: P 1.2 NAME: VAN DE MARK, FARANGIS 1.3 STREET ADDRESS: 9721 Bay Vista Estates Blvd. 1.4 CITY-ST-ZIP: Orlando, FL 32836 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE: VTS NAME: VAN DE MARK, WEBSTER J. STREET ADDRESS: 9721 BAY VISTA ESTATES BLVD CITY-ST-ZIP: ORLANDO FL 32836				<input checked="" type="checkbox"/> DELETE 2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:			
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:				<input type="checkbox"/> DELETE 3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:			
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:				<input type="checkbox"/> DELETE 4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:			
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:				<input type="checkbox"/> DELETE 5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:			
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:				<input type="checkbox"/> DELETE 6.1 TITLE: 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, with all other like empowered.

SIGNATURE: *Francis Van De Mark* DATE: 1/19/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)