

DOCUMENT # S12417

1. Entity Name

CAREER CLASSIC CLOTHES, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90141 020 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 2437 S HIWASSEE RD, ORLANDO FL 32835 US
Mailing Address: 2437 S. HIWASSEE ROAD, ORLANDO FL 32835-6347 US

2. Principal Place of Business, 3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip, Country

4. FEI Number 59-3035934

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAN DE MARK, FRANCIS
9721 BAY VISTA ESTATES RD.
ORLANDO FL 32836

7. Name and Address of New Registered Agent

Name: VAN DE MARK, FARANGIS
Street Address: 7683 BELVOIR DRIVE
City: ORLANDO
FL Zip Code: 32835

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

[Handwritten Signature]

1/26/2000

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row 1: P, VANDEMARK, FARANGIS, 9721 BAY VISTA ESTATES BLVD, ORLANDO FL 32836.

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row 1: P, Van De Mark, Farangis, 7683 Belvoir Dr., Orlando, FL 32835.

13. 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath...

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

Date

Daytime Phone #

1/26/2000