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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S27837** (1)
1. Corporation Name
KLEIDS CLOTHING, INCORPORATED

Principal Place of Business: 22075 US 19 N, CLEARWATER BEACH FL 34625 US
Mailing Address: 22075 US 19 N, CLEARWATER FL 34625 US

2. Principal Place of Business (21) 2a. Mailing Address (26)
22. Suite, Apt. #, etc. (22) 27. Suite, Apt. #, etc. (27)
23. City & State (23) 28. City & State (28)
24. Zip (24) 25. Country (25) 29. Zip (29) 30. Country (30)

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/20/1991
3a. Date of Last Report: 04/19/1994

4. FEI Number: 59-3055111
Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under S. 198.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**JONES, FENTON E.
131 NORTH GARDEN AVENUE
SUITE 101
CLEARWATER FL 34615**

10. Name and Address of New Registered Agent

81. Name: **JEFF FOX**
82. Street Address (P.O. Box Number is Not Acceptable): **AMERICAN EXPRESS TAX & BUSINESS SERVICES**
83. **SUITE 101, 18167 US 19 N.**
84. City: **CLEARWATER** FL 85. Zip Code: **34624**

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: **JEFF FOX** (Registered Agent) **Jeff JH** (Secretary) **4/25/95**

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	KLEIDERMAN, JOANNE
STREET ADDRESS	2434 OLD COACH TRL
CITY, ST, ZIP	CLEARWATER FL
TITLE	D
NAME	KLEIDERMAN, MONROE
STREET ADDRESS	2434 OLD COACH TRL
CITY, ST, ZIP	CLEARWATER FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 193.07(3)(b), 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 from an attachment with an address.

SIGNATURE: **M. Kleiderman** 4/25/95 796-7900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR