SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # (0)FASHIONS FOR U TOO, INC. Principal Place of Business Mailing Andress 2500 SANDSTONE COURT 2500 SANDSTONE COURT WELLINGTON FL 33414 WELLINGTON FL 33414 3. Date Incorporated or Qualified 3a. Date of Last Report 08/24/1992 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEt Number Applied For 21 65-0365546 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζip Country Zip Country This corporation has liability for intangible tax under sil 199.032 24 25 29 30 Florida Statutes \_\_\_\_ Yes \_\_\_ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KATZ, IRWIN 2500 SANDSTONE COURT 82 Street Address (P.O. Box Number is Not Acceptable) **WELLINGTON FL 33414** 84 City Zip Code 85 Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered accept the obligations of Section 1.505. Florida Statutes. Pursuant to the provision office or registered age agent I am famil ar v SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3.6)TITLE DELETE 1.1 Tell 6 Change Addition KATZ, IRWIN NAME 1.2 NAME CR2E034 STREET ADDRESS 2500 SANDSTONE CT. 1.3 STREET ADDRESS WELLINGTON FL CHTY - ST - ZIP 1.4 CITY - ST - ZiP TITLE DELETE 21 TIFLE Change Addition NAME KATZ, SHEILA 2 2 NAME 2500 SANDSTONE CT. STREET ADDRESS 2.3 STREET ADDRESS WELLINGTON FL C(TY - S1 - Z)P 2 4 CITY - ST ZIP TITLE DELETE 3 1 TITLE Change Addition 3.2 NAM5 STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TOLE Change Addition 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5 1 TITLE Change Addition STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY - ST - ZIP TITLE DELETE 6 1 TITLE Change Addition NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 64 CITY - ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 if block 13 if changed, or or an attachment with an address. achment with an address 6(u/96 SIGNATURE:

FICER OR DIRECTOR

RE AND TYPED OR PRINTED NAME