ANNUAL REPORT
1995

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 10:06

DOCUMENT # V61784 (7)

1. Corporation Name
PLATYPUS CLOTHING COMPANY, INC.

Principal Place of Business	Mailing Address
702 LUCERNE AVE LAKE WORTH FL 33460 US	702 LUCERNE AVE LAKE WORTH FL 33460 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/03/1992
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business	2a. Mailing Address
21 702 LUCERNE AVE	26 702 LUCERNE AVE
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27 —
City & State 23 LAKE WORTH, FL	City & State 28 LAKE WORTH, FL
Zip 24 33460 Country 25 USA	Zip 29 33460 Country 30 USA

4. FEI Number: 65-0357013 ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HALLETTE, ELIZABETH BLAIR
907 HARBOUR POINTE WAY
WEST PALM BEACH FL 33413

10. Name and Address of New Registered Agent

81 Name: ELIZABETH BLAIR HALLETTE
82 Street Address (P.O. Box Number is Not Acceptable): 131 HARVARD DRIVE
83
84 City: LAKE WORTH, FL FL 85 Zip Code: 33460

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: ELIZABETH HALLETTE, [signature] PRESIDENT 4-6-95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	HALLETTE, ELIZABETH BLAIR	1.2 NAME	
STREET ADDRESS	907 HARBOUR POINTE WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	SWEETWOOD, MARIANNE	2.2 NAME	
STREET ADDRESS	1583 12TH FAIRWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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.

SIGNATURE: ELIZABETH BLAIR HALLETTE - PRESIDENT [signature] 4-6-95 (407) 588-9945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0260566 CP