

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V61784**

(7)

1. Corporation Name

PLATYPUS CLOTHING COMPANY, INC.



Principal Place of Business

**702 LUCERNE AVE
LAKE WORTH FL 33460
US**

Mailing Address

**702 LUCERNE AVE
LAKE WORTH FL 33460
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

09/03/1992

3a. Date of Last Report

04/12/1995

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

10. Name and Address of New Registered Agent

81. Name

HALLETTE, ELIZABETH, BLAIR

82. Street Address (P.O. Box Number is Not Acceptable)

131 HARVARD DR

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 607.0516, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this report on behalf of the corporation.

Signature of the New Agent, if applicable, and date of appointment.

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

PD

NAME

HALLETTE, ELIZABETH BLAIR

STREET ADDRESS

907 HARBOUR POINTE WAY

CITY-ST-ZIP

W. PALM BEACH FL

TITLE

STD

NAME

SWEETWOOD, MARIANNE

STREET ADDRESS

1583 12TH FAIRWAY

CITY-ST-ZIP

W. PALM BEACH FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

CITY-ST-ZIP

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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 '92

☒ Change ☐ Addition

1. TITLE

PD

2. NAME

HALLETTE, ELIZABETH, BLAIR

3. STREET ADDRESS

131 HARVARD DRIVE

4. CITY-ST-ZIP

LAKE WORTH, FL 33460

5. TITLE

2. NAME

2. STREET ADDRESS

2. CITY-ST-ZIP

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY-ST-ZIP

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY-ST-ZIP

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY-ST-ZIP

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY-ST-ZIP

6. TITLE

6. NAME

6. STREET ADDRESS

6. 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 supplementary 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 registered or authorized employee 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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elizabeth Blair Hallette - President 3/28/96 (407) 588-9945

CR2E034 (12/95)