

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90040 050 ***150.00

DOCUMENT # F93000004983

1. Corporation Name

A.B.S. CLOTHING COLLECTION, INC.

Principal Place of Business

1025 STANFORD AVE.
LOS ANGELES CA 90021

Mailing Address

1025 STANFORD AVE.
LOS ANGELES CA 90021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1993

4. FEI Number

95-3799247

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1231 LONG BEACH AVE.
LOS ANGELES, CA 90021

Suite, Apt. #, etc.

2a. Mailing Address

26 1231 LONG BEACH AVE.
LOS ANGELES, CA 90021

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALDMAN, CORY
2301 COLLINS AVE., APT. 1010A
MIAMI BEACH FL 33139

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CDP ☐ DELETE
NAME SCHWARTZ, ALLEN B
STREET ADDRESS 1025 STANFORD AVE.
CITY-ST-ZIP LOS ANGELES CA 90021

TITLE V ☐ DELETE
NAME SINGER, LLOYD
STREET ADDRESS 525 SEVENTH AVE., 14TH FL.
CITY-ST-ZIP NEW YORK NY 10018

TITLE CFO ☐ DELETE
NAME FOSTER, KIRK
STREET ADDRESS 1025 STANFORD AVE
CITY-ST-ZIP LOS ANGELES CA 90021

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CDP ☒ Change ☐ Addition
1.2 NAME SCHWARTZ, ALLEN B.
1.3 STREET ADDRESS 1231 LONG BEACH BLVD.
1.4 CITY-ST-ZIP LOS ANGELES, CA 90021

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE CFO ☒ Change ☐ Addition
3.2 NAME FOSTER, KIRK
3.3 STREET ADDRESS 1231 LONG BEACH BLVD.
3.4 CITY-ST-ZIP LOS ANGELES, CA 90021

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KIRK FOSTER

Date

3/19/99

Daytime Phone #

CR29034 (11/98)