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

**PROFIT** CORPORATION. ANNUAL REPORT 1999



## DOCUMENT # K68380 1. Corporation Name

CAPITOL CLOTHING CORPORATION

Apr 14, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State **DIVISION OF CORPORATIONS** 04-14-1999 90029 037 \*\*\*150.00

Principal Place of Business Mailing Address 578 NORTHWEST 27TH STREET 578 NORTHWEST 27TH STREET MIAMI FL 33127 MIAMI FL 33127 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/24/1989 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 65-0116574 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State Election Campaign Financing  $\Gamma$ Added to Fees Trust Fund Contribution 23 28 Country This corporation owes the current year Intangible Personal Property Tax. Zip Country Zip □No 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BEHAR, SIMON Street Address (P.O. Box Number is Not Acceptable) 1000 SURFSIDE BLVD. SURFSIDE FL 33154 83 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change ☐ Addition ☐ DELETE 1.1 TITLE TITLE BEHAR, RICHARD 12 NAME 1000 SURFSIDE BLVD. 1.3 STREET ADDRESS STREET ADORESS SURFSIDE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 2.1 TITLE TITLE 2.2 NAME BEHAR, SIMON NAME 2.3 STREET ADDRESS 1000 SURFSIDE BLVD. STREET ADDRESS Surfside fl 2.4 CITY-ST-ZIP CITY-ST-ZIP Change -\_ Addition ☐ DELETE 3.1 TITLE TITLE BEHAR, IRIS 3.2 NAME NAME 1000 SURFSIDE BLVD. 3.3 STREET ADDRESS STREET ADORESS SURFSIDE FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 4.1 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 51TM F TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition DELETE TITLE 6.2 NAME NAME

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Be CANCHARD . TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(11/98)CR2E034