CORPORATION ANNUAL REPORT 1995

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

95 MAY -1 AM 3:52
APPROVED AND FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 441975 (0)

1. Corporation Name
AL'S ARMY STORE, INC.

Principal Place of Business	Mailing Address
406 W CHURCH STREET ORLANDO FL 32801	406 W CHURCH STREET ORLANDO FL 32801

3. Date Incorporated or Qualified: 12/18/1974
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-1499493 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip — 25 Country	29 Zip — 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PETREE, ROBERT G. 501 N. MAGNOLIA AVENUE, SUITE A ORLANDO FL 32801	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

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VM	1.1 TITLE	Neal M. Crasnow	☒ Change ☐ Addition
NAME	CRASNOW, NEAL M.	1.2 NAME	405 Kilshore Lane	
STREET ADDRESS	617 PERSHING DR.	1.3 STREET ADDRESS	Winter Park, Fl. 32789	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	COHEN, FAYGE S.	2.2 NAME		
STREET ADDRESS	5912 N. DEAN RD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP		
TITLE	ST	3.1 TITLE	CRASNOW, FRANK A.	☑ Change ☐ Addition
NAME	CRASNOW, FRANK A.	3.2 NAME	5101 Linwood Cir.	
STREET ADDRESS	437 HILLSDALE CT.	3.3 STREET ADDRESS	Sanford, Fl. 32771	
CITY-ST-ZIP	LAKE MARY FL	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)(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.

SIGNATURE: Fayge Cohen FAYGE S. COHEN 4/30/95 407-425-4932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0063701 CP