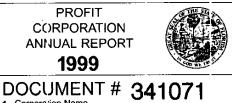
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

BEASLEY'S MEN STORE II, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90030 031 ***150.00

R CHANGE BRIEF BORGE BERGE ARRESTE BERGE BERGE BERGE BERGE BERGE BERGE BERGE BERGE BERGE BERGE

| Principal Place of Business Mailing Address | | | | | | * 16:100 (1) 6:60 100 60 100 1 |
|---|---|---|---|----------|-----------------------------|--|
| 17-S TROPICAL TRAIL P.O. BOX 667 | | 17-S TROPICAL TRAIL P.O. BOX 667 COCOA FL 32923 | P.O. BOX 667 | | | DO NOT WRITE IN THIS SPACE |
| COCOA FL 329 | 23 | GOOOM FL 32323 | | | | 3. Date Ir corporated or Qualifed |
| | | | | | | 02/04/1969 |
| 2. Principa Pi | ace of Business | 2a. Mailing Address | | | | 4. FEI Number Applied For |
| 21 | | 26 | | | | 59-1293890 Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | \$8.75 Additional |
| 22 | | 27 | | | | 5. Certificate of Status Desired Fee Required |
| City & State | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | <u></u> | 28 | | | | Trust Fund Contribution Added to Fees |
| Zip Courtry | | Zip | Zip Country | | | 8. This corporation owes the current year intangible |
| 24 | 25 | 29 | 30 | 30 | | Persor al Property Tax. |
| | 9. Name and Address of Curr | ent Registered Agent | | 04 . | | 10. Name and Address of New Registered Agent |
| DEAG | CLEV WILLIAM | | | 81 | Name | |
| BIEASLEY, WILLIAM 1315 ROCKLEDGE DR | | | | 82 3 | Street Ac dre | ress (P.O. Box Number is Not Acceptable) |
| ROCKLEDGE DA | | | | | | |
| ROO | NEEDGE FE 32333 | | | 83 | | |
| | | | | 84 (| City | 85 Zip Code |
| | | | | | | FL FL FL FL FL FL FL FL |
| office or re | to the provisions of Sections 607.0 egistered agent, or both, in the Sta n familiar with, and accept the obji | te cf Florida. Such change was : | authorized | l by the | named corpo e corporatio | poration submits this statement for the purpose of changing its registered ion's board of (lirectors. I hereby accept the apr ointment as registered |
| | 11/1/11/11/11 | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | 47 799 |
| SIGNATUFE | Signature, typed or printed name of registered a | gent and title if applicable. (NOT | : Registered | Agent se | gnature required | ed when reinstating) DATE |
| 12. | OFFICERS A | AND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | Р | ☐ DELETE | 1.1 TIT | TLE | | Change Addition |
| NAME | BEASLEY, WILLIAM | | 1.2 NA | ME | 1 | |
| STREET ADDRESS | 1315 ROCKLEDGE | | 1.3 ST | REET AL | DDRESS | • |
| CITY-ST-ZIP | ROCKLEDGE FL | | 14 CF | TY-\$T-Z | 'IP | |
| TITLE | ST | ☐ DELETE | 2.1 TIT | TLE | | ☐ Change ☐ Addition |
| NAME | SHINTA, D | | 2.2 NA | WE | | |
| STREET ADDRESS | 1438 HAGEN LN | | 2.3 ST | REETAL | OORESS | |
| CITY-ST-ZIP | ROCKLEDGE FL 32955 | | 2. 4 C | ITY-ST-Z | ZIP | |
| TITLE | | ☐ DELETE | 3.1 717 | TLE | İ | ☐ Change ☐ Addition |
| NAME | | | 3.2 NA | ME | | |
| STREET ADDRESS | | | 3.3 ST | REET AC | ODRESS | |
| CITY-ST-ZIP | | | _ | ITY-ST-Z | ZIP | |
| TITLE | | ☐ DELETE | 4.1 TIT | | | ☐ Change ☐ Addition |
| NAME | | | 4. 2 N | AME | | |
| STREET ADDRESS | | | 4.3 ST | REETAD | ODRESS | |
| CITY-ST-ZIP | | | | TY-ST-Z | IP | Change |
| TITLE | | ☐ DELETE | 5.1 TI | | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NA | | | İ |
| STREET ADDRESS | | | | REET AL | | |
| CtTY-ST-ZIP | | □ peress | 5.4 CI | TY-ST-Z | ar | ☐ Change ☐ Addition |
| TITLE | | ☐ DELETE | ı | | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NA | | 200500 | |
| STREET ADDRESS | | | | REET AL | | |
| CITY-ST-ZIP | | | 6.4 CI | TY-ST-Z | IP | |

14. I herety certify that the informa ion 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: