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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90034 030 ***150.00

DOCUMENT # 382698

THE YOUNG MEN'S SHOP, INC.

| Main St. 400 Main | | | | | | | | | | |
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| ACKSONVILLE FL 32022 APRICIPAL Place of Business Ze, Mailing Address Ze, Fill Number Ze, Down of Business Ze, Fill Number Ze, Down of Business Ze, Child, Apt. #, etc. Ze, Carlicate of Status Desired Ze, County Ze, C | Principal Place | e of Business | Mi | ailing Address | | - : | | i i i i i i i i i i i i i i i i i i i | BIBIS BEBLI DIBIS | 81831 61611 1681 |
| ACKSONVILLE FL 32202 2. Principal Place of Business 2. A Mailing Address 2. Principal Place of Business 2. A Mailing Address 3. Date incorporated or Qualified 05/24/1971 4. FEI Number 5. Settle Number 5. Settle Number 5. Settle Subset Desired 5. Certificate of Status Desired 5. Settle Subset Desired 5. Certificate of Status Desired 5. Settle Subset Desired 5. Settl | 400 MAIN ST. | | 400 | MAIN ST. | | ŧ | | | | |
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| 27 | 21 | | 26 | Suito Ant # atc | | | | 28-1228802 | | |
| City & State City & State Country City C | | #, etc. | \vdash | Suite, Apr. #, etc. | | f : | | 5. Certificate of Status Desired | | |
| 23 Zip Country Zip Country Zip Country S. This corporation as the current year intemplate Tour Country S. This corporation with auditor of the personnel frozency Tax. Months Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 10, Name agen | | | 21 | City & State | | | 1 | 6 - Election Campaign Financing | -\$5.00 | May Ro |
| Zip Country Zip Country Zip Country S. This corporation owes the current year intengable Personnal Property Tax. Size Name and Address of Current Registered Agent Size Name and Address of New Registered Agent Size Name and Address of Name | | e | 20 | Ony or Grand | - | - | | 1 1 | • | • |
| STREET ADDRESS STRE | | Country | - 201 | Zip | Countr | ΓV | | | ntangible | |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. SSNER, MICHAEL 400 MAIN STREET JACKSONVILLE, FL 32202 32 Street Address (P.O. Box Number is Not Acceptable) 32 City 32 City 32 City 33 City 34 City 35 City 36 City 37 City 38 City 39 City 3 | | | 20 | · – | _ | • | t- · | I · · · · · · · · · · · · · · · · · · · | | □No |
| LISSNER, MICHAEL 400 MAIN STREET JACKSONVILLE, FL 322002 82 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE VD | [24] | | | | ' 1 | | | | d Agent | |
| 400 MAIN STREET JACKSONVILLE, FL 32202 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 lis 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, an familiar with, and accept the obligations of, Section 607.0508, Floridas Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.0508, Floridas Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.0508, Floridas Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent | | At the second second second | | | 8 | 1 1 | Name | | | |
| 400 MAIN STREET JACKSONVILLE, FL 32202 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 lis 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, an familiar with, and accept the obligations of, Section 607.0508, Floridas Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.0508, Floridas Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.0508, Floridas Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent | LISSI | NER, MICHAEL | | | | _ | m | (D.C. D N | | |
| JACKSONVILLE, FL 32202 83 84 City FL 85 85 City FL FL FL FL FL FL FL FL FL F | | | | | 87 | 2 : | Street Addres | ss (P.O. Box Number is Not Acceptable) | | Ì |
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| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purposa of changing lits 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, 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, 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Comment | | | | | L. | Ш., | | | | |
| 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 richarge was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such richarge was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, in an accept the obligations of, Section 607.0504. Florida Statutes. SIGNATURE Signature, typed or printed name of legistered agent and title if applicable. (NOTE: Replatered Agent signature required when reinstating) DATE | | | | | 84 | 4 | City | F | 85 ∠ip | Code |
| TILE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILE UISSNER,MICHAEL 11 TITLE 12 NAME 13 STREET ADDRESS STREET ADDRESS 3614 CATHEDRAL OAKS PLN 13 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 14 CITY-ST-ZIP TITLE STD DELETE 21 TITLE Change Addition NAME MOSS,BETTY STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL DELETE 31 TITLE Change Addition NAME STREET ADDRESS 34 CITY-ST-ZIP TITLE DELETE 31 TITLE Change Addition NAME STREET ADDRESS 34 CITY-ST-ZIP TITLE DELETE 41 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 41 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 51 TITLE NAME STREET ADDRESS SA CITY-ST-ZIP TITLE DELETE S1 TITLE Change Addition NAME STREET ADDRESS SA CITY-ST-ZIP TITLE DELETE S1 TITLE Change Addition NAME STREET ADDRESS SA CITY-ST-ZIP TITLE DELETE S1 TITLE Change Addition NAME STREET ADDRESS SA CITY-ST-ZIP TITLE DELETE S1 TITLE Change Addition NAME STREET ADDRESS SA CITY-ST-ZIP TITLE DELETE S1 TITLE Change Addition NAME STREET ADDRESS SA CITY-ST-ZIP TITLE DELETE S1 TITLE Change Addition NAME STREET ADDRESS SA CITY-ST-ZIP TITLE DELETE S1 TITLE Change Addition NAME STREET ADDRESS SA CITY-ST-ZIP TITLE DELETE S1 TITLE Change Addition NAME STREET ADDRESS SA CITY-ST-ZIP TITLE DELETE S1 TITLE Change Addition NAME STREET ADDRESS SA CITY-ST-ZIP TITLE DELETE S1 TITLE Change Addition NAME STREET ADDRESS SA CITY-ST-ZIP TITLE STREET ADDRE | office or reagent. I a | egistered agent, or both, in the State m familiar with, and accept the obliga | of Florid tions of | da. Such change was autr , Section 607.0505, Florid | orized b a Statute | y tn es. | e corporation | ns board or directors. Thereby accept the app | Onturient as i | |
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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 attactiment with an address, with all other like empowered.

SIGNATURE: