

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 441975 (0)
1. Corporation Name
AL'S ARMY STORE, INC.

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 23 N. Orange Blossom Tr		26 23 N. OBT		12/18/1974	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 Orlando FL		28 Orlando FL		59-1499493	
24 32801		29 32800		5. Certificate of Status Desired	
25 Orange		30 Orange		8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		6. Election Campaign Financing	
PETREE, ROBERT G.				Trust Fund Contribution	
501 N. MAGNOLIA AVENUE, SUITE A				8. This corporation owes or has paid the current year Intangible	
ORLANDO FL 32801				Personal Property Tax due June 30.	
				Yes No	

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

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) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VM	1.1 TITLE	
NAME	CRASNOW, NEAL M.	1.2 NAME	
STREET ADDRESS	405 KILHSORE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
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	
NAME	CRASNOW, FRANK	3.2 NAME	
STREET ADDRESS	5101 LINWOOD CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address.

SIGNATURE _____ 4/27/98 401-423-7644

CR2E034 (10/97)