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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 506795 (4) 1. Corporation Name LEO'S MENS STORE, INC.						
rincipal Place of Business		Mailing Address 184 MIRACLE STRIP PARKWAY FT. WALTON BCH FL 32548				
184 MIRACLE STRIP PARKWAY FT. WALTON BCH FL 32548						
				3. Date Incorporated or Qualified 06/20/1976	3a. Date of Last R 09/22/19	•
Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For
Suite, Apt. #	H oto	Suite, Apt. #, etc.		59-1682585		Not Applicable 5 Additional
Clotte, Apr. #, etc.		27		5. Certificate of Status Desired		Required
City & State		City & State		6. Election Campaign Financing		May Be
Zip	Country	28 	Country	Trust Fund Contribution 8. This corporation has liability for	Adde	d to Fees
. 49	25	29	30		s No	199.002,
	Name and Address of Current	Registered Agent	041	10. Name and Address of New	Registered Agent	
Werk Per A M			81 Name			
WORK, DON ALAN 9538 MONTE CARLO CIR.			82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
	XE FL 32566		83			
			84 City		 85 2i	ip Code
El con cost 4	o the provisions of Continue 607 0500	and CO7 1500 Floredo Ctob	too the shows seemed seems	ration submits this statement for the pu	FL s 2	resistered office
or register	ed agent, or both, in the State of Florid h, and ad Syt the oblightions of Section	la. Such change was author on 607 0505, Florida Statut	ized by the corporation's boa es.	ard of directors. I hereby accept the app	pointment as registered	d ägent. I am
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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 stranged, or on an attachment with an address.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date 3.7.96 (904)243.3686
Date Destrict Prove I

SIGNATURE: