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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 637307

(0)

WEBB'S GENTLEMEN'S APPAREL, INC.

FILED Apr 28 1998 8:00am Secretary of State



Principal Place of Business Mailing Address			DO NOT WRITE IN THIS SPACE		
1333 CAPE CORAL PARKWAY CAPE CORAL FL 33904	1333 CAPE CORAL PARKWAY CAPE CORAL FL 33904				
			3. Date Incorporated or Qualified 10/01/1979		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
<u> </u>	26		59-1936698	Not Applicable	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 25			8. This corporation owes or has paid the curr Personal Property Tax due June 30.	ent year Intangible] Yes 🏻 No	
9, Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
VAN SLKYE, BRUCE 1333 CAPE CORAL PARKWAY CAPE CORAL FL 33904		81 Namo			
		82 Street Addr	Street Address (P.O. Box Number is Not Acceptable)		
		B3			
		84 City	FL	85 Zip Code	
 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga 	of Florida. Such change was authorize	ed by the corporat	poration submits this statement for the purpose of ion's board of directors. I hereby accept the apporation	changing its registered pintment as registered	

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE **SLYKE, BRUCE VAN** 1.2 NAME 1333 CAPE CORAL PKWY STREET ADDRESS 1.3 STREET ADDRESS CAPE CORAL FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 31 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP DELETE Change Addition 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP Change ... DELETE Addition 61 TITLE 6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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:

SIGNATURE:

941-542-5450