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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **645969** **(7)**

1. Corporation Name
TRADER TOM'S CLOTHING, INC.

Principal Place of Business	Mailing Address
914 N FEDERAL HWY FT. LAUDERDALE FL 33304 US	914 N FEDERAL HWY FT. LAUDERDALE FL 33304-2707 US

3. Date Incorporated or Qualified: **11/21/1979**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21: 2351 WILTON DRIVE
22: Suite, Apt. #, etc.
23: City & State: WILTON MANORS, FLA
24: Zip: 33305
25: Country: BROWARD

2a. Mailing Address
26: 2351 WILTON DRIVE
27: Suite, Apt. #, etc.
28: City & State: WILTON MANORS FL
29: Zip: 33305
30: Country: BROWARD

4. FEI Number: **59-1946541** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
CALISE, TRACY E.
930 NORTH FEDERAL HIGHWAY
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2351 WILTON DRIVE
83
84 City: WILTON MANORS FL 85 Zip Code: 33305

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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	CALISE, TRACY E		1.2 NAME	
STREET ADDRESS	930 NORTH FEDERAL HWY.		1.3 STREET ADDRESS	2351 WILTON DRIVE
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	WILTON MANORS, FL 33305
TITLE	ST	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	CALISE, TRACY E.		2.2 NAME	
STREET ADDRESS	930 NORTH FEDERAL HWY.		2.3 STREET ADDRESS	2351 WILTON DRIVE
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	WILTON MANORS, FL 33305
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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 attachment with an address.

SIGNATURE: Tracy Calise III Pres. 2-2-97 (954)527-4693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0260951