

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 688240

(1)

1. Corporation Name

M. KESTEN APPAREL FOR MEN, INC.

FILED

95 JUL -7 AM 9:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

5501 MANATEE AVE W
BRADENTON FL 34209

Mailing Address

5501 MANATEE AVE W
BRADENTON FL 34209

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/18/1980

3a. Date of Last Report

06/27/1994

2. Principal Place of Business

2a. Mailing Address

21 6773 Manatee Ave W 26 6773 Manatee Ave W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State 27 City & State

23 Bradenton FL

28 Bradenton FL

Zip

Country

Zip

Country

24 34209 25 Manatee 29 34209 30 Manatee

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

6. This corporation has liability for intangible tax under s. 193.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KESTEN, MURRAY A., JR
5501 MANATEE AVE W
BRADENTON FL 34209

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

6773 Manatee Ave W

83

84 City

Bradenton

FL

85

Zip Code

34209

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 fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVS
NAME KESTEN, CAROL L
STREET ADDRESS 3609 15TH AVENUE WEST
CITY - ST - ZIP BRADENTON FL

TITLE PDT
NAME KESTEN, MURRAY A, JR
STREET ADDRESS 3609 15TH AVENUE WEST
CITY - ST - ZIP BRADENTON FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol L. Kesten

6/28/95 (813) 792-5334

CR2E034 (3/95)