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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

DIVISION OF CORPORATIONS

Secretary of State

1996

 Corporation I 	MENT # 69104 MAN'S FABRICS, INC.	7 (5)					
Principal Place of 335 E. SEMO STE 115 FERN PARK	oran Blyd.	Mailing Address 335 E. SEMORAN BI STE 115 FERN PARK FL 3273					
TERM FROM	10 02/30	h British L Lifted C Co. April 20	•		3. Date Incorporated or Qualified 06/19/1981	3a. Date of I	_ast Report 06/1995
2. Principal Plac	ne of Business	2a, Mailing Address	· · · · · · · · · · · · · · · · · · ·		4. FEI Number	(5)	Applied For
i		26			59-2110505		Not Applicable
Suite, Apt. #.	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$	8.75 Additional Fee Required
Oity & State		City & State			6. Election Campaign Financing		\$5.00 May Be
3]		28			Trust Fund Contribution	LJ	Added to Fees
Zip	Country	Zip	Cou	ntry	This corporation has liability for in Florida Statutes Yes	intangible tax ur	nders 199.032,
11	9 Name and Address of Current	29 t Registered Agent	30		10. Name and Address of New R		nt
	9, (10110 2110 71010 0)			81 Name			· · · · · · · · · · · · · · · · · · ·
NAYLOR, FREEMAN				82 Street Add	ress (P.O. Box Number is Not Acceptab	ie)	
	SEMORAN BLVD.			83			
STE 11				. 63			
FERN F	PARK FL 32730			84 City		FL	5 Zip Code
familiar with	i, and accept the obligations of, Section	ia. Such change was authoriz on 607.0505, Florida Statutes	ea by the a	corporation's boa	ration submits this statement for the pu ard of directors. I hereby accept the app	Official as reg	istered agent. I am
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not nevertly certify that the information supplies with this paing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). Florida Statutes, 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:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-91 407-339-96>2