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

CORPORATION ANNUAL REPORT

1998

Principal Place of Business

The water of the contract of t

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 843036

(5)

Mailing Address

MITCHELL'S FORMAL WEAR, INC.

FILED Apr 14 1998 8:00am Secretary of State



4030 C PLEASANTDALE RD BOX 81267 ATLANTA GA 30366	4030 C PLEASANTDALE RD BOX 81267 ATLANTA GA 30368		DO NOT WRITE IN THIS SPACE			
			3. Date Incorporated or Qualified 04/17/1979			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
i]	26		58-0947890	Not Applicable		
Suite, Api. #, etc. Ramour P/O Box	Suite Apt. #, etc.	O Box		\$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 Country	29 30340 30 Cc	ountry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM		81 Name				
1200 S. PINE ISLAND ROAD PLANTATION FL 33324		82 Street Address (P.O. Box Number is Not Acceptable)				
		63				
		84 City	FL	85 Zip Code		
 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State 	and 607.1508, Florida Statutes, the of Florida, Such change was authorize	above-named corp ed by the corporat	poration submits this statement for the purpose of chion's board of directors. I hereby accept the appoin	nanging its registered itment as registered		

office or r agent. I a	egistered agent, or both, in the State of Florida. Such m familiar with, and accept the obligations of, Section	n change was aut n 607.0505, Florid	horized by the corp da Statutes.	poration's board of directors. I hereby accept t	he appointment as	registered
SIGNATURE	Signature, typed or printed name of regulated agent and title if applical	ie /NOTE F	Ignistered Agent signature	required when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS	(10121	13.	ADDITIONS/CHANGES TO OFFICE		S IN 12
TITLE	CEO	DELETE	1.1 TITLE		☐ Change	Addition
NAME	Beaty, Robert G.		1.2 NAME			
STREET ADDRESS	7685 RYFIELD OR		1.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA, GA 00000		1.4 CiTY-ST-ZiP			Ţ
TITLE	SD	DELETE	2.1 TITLE		Change	Addition
HAME	CARMINES, FRANK		2.2 NAME			
STREET ADDRESS	300 MEADOWWOOD DR		2.3 STREET ADDRESS			
CITY-ST-ZIP	ROSWELL GA		2.4 CITY-ST-ZIP			
TITLE	D	DELETE	3.1 TITLE		☐ Change	Addition
NAME	WILLIAMS, SAMUEL A		3.2 NAME			
STREET ADDRESS	2584 BROOKWOOD DR N E		3.3 STREET ADDRESS	•		
CITY - ST - ZIP	ATLANTA, GA 00000		3.4. CITY-ST-ZIP			
TITLE	PDT	DELETE	4.1 TITLE		☐ Change	Addition
NAME	Doyle, Joseph B		4. 2 NAME			
STREET ADDRESS	51 INMAN CIR		4.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA, GA 00000		4.4 CITY - ST - ZIP			
TITLE	VP Finance	DELETE	5.1 TITLE		Change	Addition
NAME	matt Childs		5.2 NAME			
STREET ADDRESS	9485 Clublands		5.3 STREET ADDRESS			
CITY-ST-ZIP	9485 Clublands Alpharetta GA 302	01	5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS		į	63 STREET ADDRESS			
CITY-ST-ZIP			6.4 CHTY-ST-ZIP			

14. Thereby 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 trusted 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: