FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FIL.ED

98 NOV 23 PH 1:00

1. Name of Limited Partnership	1a. DOCUN A32456				SECRETARY OF STATE TALLAHASSEE FLORIDA			
SIMPLY FASHION STORES,	LTD.							
Mailing Address	Principal Office Address	Principal Office Address		3. Date Formed or Registered	5a. Capi	ital Contributions as	\neg	
P.O. BOX 188 BIRMINGHAM AL 35201-0188 US	2500 CRESTWOOD BLVD. IRONDALE AL 35210-2053 US	IRONDALE AL 35210-2053			01/13/1992 3a. Date of Last Report 12/09/1997 5b. Amount of Capital Contributions in FLORIDA			
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address			to date:			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Applied For			
City & State Zip Country	City & State				Not Applicable \$8.75 Additional Fee Required			
Codility	Zip	Country		8. Make check payable to: Dept. of State (See reverse side for fae information)			on)	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office					
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			Name Street Address (P.O. Box Number Is Not Acceptable)					
10a. Pursuant to the provisions of sections 620,1051 for the purpose of changing its registered office agent. 1 am familiar with, and accept the obligati SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THA	or registered agent, or both, in the State of Flo ions of section 620.192, Florida Statutes.	rida. Such chan	pe was autho	rized by its general partner(s). I hereby DATE NERSHIP OR OTHER	accept the ap	ppointment of registered		
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office B		11b.	City, State & Zip Code	11c.	Registration/ Document Number	\dashv	
SIMPLY FASHN STORES,INC.		2500 CRESTWOOD BLVD.		IRONDALE AL		P40692 (8/38)		
•				AL	NOV	2 5 1998.		
Note: General partners MAY NO	T be changed on this form	n; an am	endmen	t must be filed to char	ige a ge	eneral partner	_	
12. I do hereby certify that the information supplied with Corporations from any liability of non-compliants this annual report is true and accurate and that my empowered to execute this report as required by ch	h this filing is voluntarily furnished and does no	t qualify for the	exemption sta	ted in Section 119.07(3)(k), Florida Sta	tutes. I releas	se the Division of		
SIGNATURE BY: DATE 11-16-98 Typed or Printed Name of General Partner Signing Form Daytime Telephone Number 305/95/-						-98	_	
Typed or Printed Name of General Partner Signing Form _	its Phillia			_ Daytime Telephone Number_22	5/9	51-1711		