

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90228 044 ***150.00

DOCUMENT # F96000000005

1. Corporation Name
STREET RETAIL, INC.



Principal Place of Business

1626 E JEFFERSON ST
1626 E. JEFFERSON ST.
ROCKVILLE MD 20852-4041
US

Mailing Address

1626 E JEFFERSON ST
1626 E. JEFFERSON ST.
ROCKVILLE MD 20852-4041
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1995

4. FEI Number

52-1910130

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

TITLE	PC	<input type="checkbox"/> DELETE
NAME	GUTTMAN, STEVEN J	
STREET ADDRESS	1626 E JEFFERSON ST	
CITY-ST-ZIP	ROCKVILLE MD	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WARD, CECILY A	
STREET ADDRESS	1626 E JEFFERSON ST	
CITY-ST-ZIP	ROCKVILLE MD	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COLSON, DEBORAH A	
STREET ADDRESS	1626 E JEFFERSON ST	
CITY-ST-ZIP	ROCKVILLE MD	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KAPLAN, RON D	
STREET ADDRESS	1626 E JEFFERSON ST	
CITY-ST-ZIP	ROCKVILLE MD	
TITLE	GC	<input checked="" type="checkbox"/> DELETE
NAME	MACK, CATHERINE R	
STREET ADDRESS	1626 E JEFFERSON ST	
CITY-ST-ZIP	ROCKVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FISHKIN, NATHAN	
STREET ADDRESS	1626 E JEFFERSON ST	
CITY-ST-ZIP	ROCKVILLE MD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BIEL, HOWARD S	
1.3 STREET ADDRESS	1626 E JEFFERSON ST	
1.4 CITY-ST-ZIP	ROCKVILLE MD	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KAPLAN, RON D	
2.3 STREET ADDRESS	1626 E JEFFERSON ST	
2.4 CITY-ST-ZIP	ROCKVILLE MD	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE:

Cecily Ward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99
Date

301-988-8319
Daytime Phone #

CR2E034 (11/98)