

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

FILED

Feb 03 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G44745** (9)  
1. Corporation Name  
**BEALL'S OUTLET STORES, INC.**



Principal Place of Business <b>% ROBERT M. BEALL, II</b> <b>1806 38TH AVENUE EAST</b> <b>BRADENTON FL 34208</b>	Mailing Address <b>PO BOX 25207</b> <b>ATT SM KNOPIK</b> <b>BRADENTON FL 34206-5207</b> <b>US</b>
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3. Date Incorporated or Qualified <b>06/22/1983</b>	3a. Date of Last Report <b>04/25/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>

4. FEI Number <b>59-2300898</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>BEALL, ROBERT M., II</b> <b>1806 38TH AVENUE EAST</b> <b>BRADENTON FL 33508</b>	
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10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>BB</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>Chairman, CEO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEALL, ROBERT M II</b>	1.2 NAME	
STREET ADDRESS	<b>1806 38TH AVE E</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>BB</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEALL, E R</b>	2.2 NAME	
STREET ADDRESS	<b>1806 38TH AVE E</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORTEZ FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GALIZIA, PAUL C</b>	3.2 NAME	
STREET ADDRESS	<b>1806 38TH AVE E</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>*</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>Vice-President, Sec., Treas.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KNOPIK, STEPHEN M.</b>	4.2 NAME	
STREET ADDRESS	<b>1806 38TH AVE E</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LAYTON, SETH B</b>	5.2 NAME	<b>Betty Szymanski</b>
STREET ADDRESS	<b>1806 38TH AVE E</b>	5.3 STREET ADDRESS	<b>1806 38th Ave. E</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>	5.4 CITY-ST-ZIP	<b>Bradenton, FL</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>APPLE, KENNETH</b>	6.2 NAME	
STREET ADDRESS	<b>1806 38TH AVE E</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON FL</b>	6.4 CITY-ST-ZIP	

14. I do 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 the attachment with an address.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0433819

CR2E034 (9/96)