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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J70457

(3)

FILED Mar 26 1998 8:00am Secretary of State

	S & BUSTER BROWN, INC.	Mailing Address			
Principal Place of Business Mailing Address ** JOHN J. COLUNS JR ** JOHN J. COLLINS JR				·	
12794 W FOREST HILL BLVD 12794 W FOREST HILL BLVD W PALM BEACH FL 33414 W PALM BEACH FL 33414			VD	DO NOT WRITE I	N THIS SPACE
				3. Date Incorporated or Qualified	
A Dissipal P	Place of Business	1 a 14-11 - a Address		04/29/1987	
2. Principal P	lace of Business	2a. Mailing Address	4 7l-	4. FEI Number	Applied For
Suite, Apt.	#. elc	26 /0/3/ 5/1/3/ Suite, Apt. #, etc.	emBle	59-2814623	Not Applicable \$8.75 Additional
22		27	 	5. Certificate of Status Desired	Fee Required
City & Stat	a Dalla Bel 4	City & State	12.112	6. Election Campaign Financing	\$5.00 May Be
23 //wy	Country Country	28 Ruges Miller	Country	Trust Fund Contribution	Added to Fees
24 334/	11 25 Refer Bord	20 724//	o All Box	8. This corporation owes or has paid Personal Property Tax due June 3	
-41 1111	9. Name and Address of Current F	legistered Agent	· Carrie	10. Name and Address of New Reg	
CC	DLLINS, JOHN J. JR		B1 Name		
12794 W FOREST HILL BLVD W PALM BEACH FL 33414			82 Street	Address (P.O. Box Member is Not Appentate	ə)
			84 Cay	Mely Bowl	FL 85 Zip Code 734//
office or r	to the provisions of Sections 607.0502 a registered agent, or both, in the State of im familiar with, and accept the obligation	Florida. Such change was au	thorized by the cor	d corporation submits this statement for the purporation's board of directors. I hereby accept	rpose of changing its registered
SIGNATURE	,				
	Signature typed or printed name of registered agent a			e required when reinstating)	DATE
12.	OFFICERS AND D	DELETE	13. 1,1 TITLE	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	COLLINS, JOHN J. JR	C occert	1.2 NAME		C Change D Accident
STREET ADDRESS	12794 W FOREST HILL BLVD		1.3 STREET ADDRESS	10/31 Saften Ble	
CITY-ST-ZIP	W PALM BEACH FL		1.4 CITY-ST-ZIP	Dura Ontal Rough	L022411
TITLE		DELETE	2.1 TITLE	nergas segun sencen	Change Addition
NAME			2.2 NAME	1	
STREET ADDRESS			2.3 STREET ADDRESS	1	
CITY - ST - ZIP			2. 4 CITY-ST-ZIP	ł	ł
TITLE		DELETE	3.1 TITLE	194	Change Addition
NAME			3.2 NAME]	
STREET ADDRESS			3.3 STREET ADDRESS	1	
CITY - ST - ZIP			3.4. CITY - ST - ZIP		
TITLE		DEL et e	4.1 THILE	ļ	L_ Change L_ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	1	
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	J	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY+ST-ZIP		BELETE	5.4 CITY - ST - ZIP		Change
TITLE		☐ DELETE	6.1 TITLE	[Change Addition
NAME OTOTET LOODERS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
14. Lhereby c	certify that the information supplied with	his filing does not qualify for	6.4 CITY-ST-ZIP the exemption state	ed in Section 119.07(3)(i), Florida Statutes, I fu	irther certify that the information

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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.

SIGNATURE

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222.48

64 785 6/12