

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
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95 JUL 19 PM 9:26

STATE
FLORIDA

200001545062
-07/25/95--01053--011
*****225.00 *****225.00

DO NOT WRITE IN THIS SPACE

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Worthington
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K66931** (2)
1. Corporation Name:
FASHION ENTERPRISES OF TAMPA BAY, INC.

Principal Place of Business: **17118 U.S. 19 N.
CLEARWATER FL 34624**

Mailing Address: **17118 U.S. 19 N.
CLEARWATER FL 34624**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

3. Date Incorporated or Qualified 02/09/1989	3a. Date of Last Report 05/13/1994
4. FEI Number 59-2933234	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

**HERRING, JULIE
17118 US 19 N
CLEARWATER FL 34624**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 FL
86 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above-named corporation submits the 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN:	
1. NAME	P. ROBERTS, GARY	1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	17118 US 19 NORTH	2. STREET ADDRESS	
3. CITY, STATE, ZIP	CLEARWATER FL	3. CITY, STATE, ZIP	
4. NAME		4. NAME	☐ Change ☐ Addition
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY, STATE, ZIP		6. CITY, STATE, ZIP	
7. NAME		7. NAME	☐ Change ☐ Addition
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY, STATE, ZIP		9. CITY, STATE, ZIP	
10. NAME		10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, STATE, ZIP		12. CITY, STATE, ZIP	
13. NAME		13. NAME	☐ Change ☐ Addition
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY, STATE, ZIP		15. CITY, STATE, ZIP	
16. NAME		16. NAME	☐ Change ☐ Addition
17. STREET ADDRESS		17. STREET ADDRESS	
18. CITY, STATE, ZIP		18. CITY, STATE, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(1)(b), Florida Statutes. Further, I certify that the information indicates on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and shall operate as if it is an officer or director of this corporation or the president 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 of this report, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-4-95 813-538-5113

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CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K68676
1. Corporation Name

DOWNTOWN SQUARE, INC.

Principal Place of Business Mailing Address

150 S. Andrews Avenue, Suite 340
Pompano Beach, Florida 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 2/27/89 3a. Date of Last Report 5/1/94

4. FEI Number 59-2463281 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	29
25	30

9. Name and Address of Current Registered Agent

Bruce Bernstein
150 S. Andrews Avenue
Pompano Beach, FL 33069

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 607.0508, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	Robert Bernstein	1.2 NAME	
STREET ADDRESS	150 S. Andrews Avenue	1.3 STREET ADDRESS	10000154796:1
CITY, ST, ZIP	Pompano Beach, FL 33069	1.4 CITY, ST, ZIP	-07/27/95--01089--020
TITLE	D	2.1 TITLE	****675.00 ****225.00
NAME	Bruce Bernstein	2.2 NAME	
STREET ADDRESS	5041 N.W. 64th Drive	2.3 STREET ADDRESS	
CITY, ST, ZIP	Coral Springs, FL 33065	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

[Signature] Bruce Bernstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/95
(Date) (Signature/Name)