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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # K98021 1. Corporation Name DAVE'S CLOSET & ACCESSORIES, INC.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

(4)

FILED May 06 1998 8:00am Secretary of State

DAVE'S	S CLOSET & ACCESSORI	ES, INC.						
Principal Plac	e of Business	Mailing Address						
656 CAPE CORAL PARKWAY CAPE CORAL FL 33904		856 CAPE CORAL PARKW CAPE CORAL FL 33904	'AY		DO NOT WRI	TE IN THIS SPA	CF	
					3. Date Incorporated or Qualified		V	······································
					06/26/1989			
2. Principal P	Place of Business	2a. Mailing Address			4, FEI Number		TÄ	oplied For
21		26			65-0128952			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$		Additional equired	
City & Stat	6	City & State			6, Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Country		8. This corporation owes or has p	aid the current	year in	tangible
24	[25]		30		Personal Property Tax due Jur] No
	g. Name and Address of Curr	ent Registered Agent	81	Name	10. Name and Address of New F	legistered Age	nt	
	'NN, DAVID		°'	Name				
	S CAPE CORAL PARKWAY		82	Street Add	ress (P.O. Box Number is Not Accepta	able)		
CA	PE CORAL FL 33914		00					
			83					
			84	City		e 8	5 Zip	Code
44 Disessont	to the provisions of Sections 607.0	100 and 007 4500 Florida Broken				FL °	1	
11. Pursuant office or r	egistered agent, or both, in the Sta	502 and 607.1508, Florida Statute ille of Florida. Such change was ai	s, the above uthorized by	-named corp the corporal	poration submits this statement for the tion's board of directors. I hereby according to the tion's board of directors.	purpose of cha	inging (i ment as	ts registered realstered
agent. I a	m familiar with, and accept the obl	ligations of, Section 607.0505, Flor	rida Statutes	i. '	•	, , , ,		
SIGNATURE	Signature, typed or printed name of registered	account and late of any shade	Desistered Ass					
12.		ND DIRECTORS	13.	nisgnature regu	red when reinstaling) ADDITIONS/CHANGES TO OFF	DATE	PECTOE	C IN 40
TITLE	D	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFF		Change	Addition
NAME	WYNN, DAVID		1.2 NAME					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STREET ADDRESS	3603 PELICAN BLVD		1.3 STREET	ADDRESS				
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY- S1					
TITLE	D			· <u></u>	100		Change	Addition
NAME	Wynn, Brenda		2.2 NAME					
STREET ADDRESS	3603 PELICAN BLVD		2.3 STREET	ADDRESS				
CITY-ST-ZIP	CAPE CORAL FL		2 4 CITY-S	1-ZIP	,	• .		
TITLE		☐ DELETE	3 1 TITLE				Change	Addition
NAME			3 2 NAME					
STREET ADDRESS			3.3 STREET	address				
CITY-ST-ZIP	<u> </u>		3.4. CITY - S	1 - ZIP	•			
TITLE	DELETE		4.1 TITLE				Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS	; 		4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY - ST - ZIP					
TITLE		DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST	- ZIP				
TITLE		□ DELET E	6 1 THTLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET A	address				
CITY-ST-ZIP			6.4 CITY-ST					
44 hereby c	ertify that the information supplied	with this filing does not qualify for	the exempt	ion stated in	Section 119 07(3)(i) Florida Statutes	I further eastifu	that tha	information

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.

SIGNATURE.

20/100

ROSCION: (1) kmg

4-78-98

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