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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # L800; Name AEL'S FORMAL WEAR, IN	()			1 X E FIVÂLL BAL XBXIV A GULL A GLERA 1111	i 1884 1884 1884 1884	H BIBU DOOL BAAN IBAL
834 NEAPOLITIAN WAY 2173 SNOO		Mailing Arteress 2173 SNOOK DRIVE NAPLES FL 33942 US	NOOK DRIVE				i
3 D					 Date Incorporated or Qualified 06/13/1990 	3a. Date of L. 08/02	ast Report 2/1995
2. Principal Place of Business 2a. Mailing Addres 21 26					4. FEI Number 65-0209962		Applied For
Suite, Apt. #, etc. Suite, Apt. # 27			,		5. Certificate of Status Desired		Not Applicable 3.75 Additional
City & State City &		Oty & State	iy & State		6. Election Campaign Financing		Fee Required 5.00 May Be
Z(p	Country	28]	Countr	 y	Trust Fund Contribution 8. This corporation has liability for it		Idded to Fees
<u> </u>	25 9. Name and Address of Curre	29 ent Registered Agent	30		Florida Statutes Yes 10. Name and Address of New Re	₽ No	
			81	Name	TO. Name and Address of New Re	egistered Agen	t
AVOLA, MICHAEL W				Street Add	ress (P.O. Box Number is Not Acceptable	cut -	
2173 SNOOK DRIVE NAPLES FL 33942			83				
144 660	1 6 00072		63	1			
			84	,		85	
12.	OFFICERS AT		11s. Registers : Age		ration submits this statement for the purp ind of directors. Thereby accept the appo		CTORS IN 12
NAME STREET ADDRESS CITY-ST-ZIP	AVOLA, MICHAEL W. 2173 SNOOK DRIVE NAPLES FL			ADDRESS			- I realism
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ME			6.2 NAM(□ Criani	g∈ ∐ Addition
REET ADDRESS			63SIK(FT	ADDRESS			
Trist-zip Li I do hereby a	Certify that the information is unalized.	with this floor and the state	6.4 CITY - S ³				
oatn, mat i a	pen by that the information supplied to the information indicated on this annu- im an officer or director of the corpo- lock 12 or Block 13 if changed, or c	nation or the receives or to other		not qualify for and accuration execute this	r the exemption stated in Section 119.07 e and that my signature shall have the sa report as required by Chapter 607, Florid	(3)(k), Florida Sta me legal effect a da Statutes, and	tutes I further s if made under that my name
SIGNATU	IRE: SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER	ORDINECTOR	tacl	w. Avola 4/30/1	96 941-	689-0716