## 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

**DOCUMENT #** 

1996

P30388

(3)

COMMERCIAL OUTLET STORE, INC.

| Principal Place of Business Mailing Address         |  |                       |   |                   |        |                    |   | <del>-</del>                   |                           |   |  |
|---|--|-----------------------|---|-------------------|--------|--------------------|---|--------------------------------|---------------------------|---|--|
| 107 SWEET WATER CREEK DR. WEST<br>LONGWOOD FL 32779 |  |                       | 107 SWEET WATER CREEK DR. WEST<br>LONGWOOD FL 32779 |                   |        |                    |   |                                |                           |   |  |
|   |  |                       |   |                   |        |                    | 3. Date incorporated or Qualified 08/01/1990  | 3a. Date                       | of Last Re<br>14/17/19    |   |  |
| 2. Principal Pla                                    | ce of Business   | 2a.                   | Mailing Address                                     |                   |        |                    | 4. FEI Number   | <u> </u>                       |                           | Applied For                             |  |
| 21  |  | 26                    |   |                   |        |                    | 04-2676715  |                                |                           | Not Applicable                          |  |
| Suite, Apt. #, etc.                                 |  |                       | Suite, Apt. #, etc.                                 |                   |        |                    | 5. Cortificate of Status Desired  | \$8.75 Additional Fee Required |                           |   |  |
| City & State  |  |                       | City & State  |                   |        |                    | Election Campaign Financing     Trust Fund Contribution   | oution Added to Fees           |                           |   |  |
| Zip<br>24   | Country 25   | 29                    | Zφ  | Country 30        |        |                    | 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes X No |                                |                           |   |  |
|   | 9. Name and Address of Currer  | t Regis               | tered Agent   |                   |        |                    | 10. Name and Address of New R   | egistered A                    | gent                      |   |  |
|   |  |                       |   |                   | 81     | Name               |   |                                |                           |   |  |
| RUBIN, ALLAN L.                                     |  |                       |   |                   | 82     | Street Add         | dress (P.O. Box Number is Not Acceptable)   |                                |                           |   |  |
| 107 SWEET WATER CREEK DR. WEST<br>LONGWOOD FL 32779 |  |                       |   |                   | 83     |                    |   |                                |                           |   |  |
| 20,101  | 10001202770  |                       |   |                   |        |                    |   |                                | [65] 7:                   | . 0-4-                                  |  |
|   |  |                       |   |                   | 84     | City               |   | FL                             | 85 Zi                     | o Code                                  |  |
| or registere<br>familiar wit                        | ed agent, or both, in the State of Flori<br>h, and accept the obligations of, Sect | da. Siuch<br>ìon 607. | n change was authoriz<br>0505, Florida Statutes     | ed by the (<br>). | corp   | oration's bo       | oration submits this statement for the pur<br>ard of directors. I hereby accept the app         | omunent as                     | nging its r<br>registered | egistered office<br>agent. I am         |  |
|   | Signature, typod or printed name of registered agent                               |                       |   |                   | 1 Ager | ntis ghafure requi | red when reinstating)  ADDITIONS/CHANGES TO OFF   | DATE<br>ICEDS AND              | DIBECTO                   | ADO IN 12                               |  |
| 12.   | OFFICERS AN  | D DIREC               | TORS  | 13.<br>1.11       | T.C    |                    | ADDITIONS/CHANGES TO OFF  |                                | Change                    | Addition                                |  |
| TITLE   | RUBIN, ALLAN L.  |                       | Dutter  | 1.2 N             |        |                    |   | L                              |                           |   |  |
| NAME  | 107 SWEETWATER CR DR   | W                     |   |                   |        | ADDRESS            |   |                                |                           |   |  |
| STREET ADDRESS                                      | LONGWOOD FL  | **                    |   |                   |        | 51- ZIP            |   |                                |                           |   |  |
| CITY-\$1-2IP<br>TITLE                               | D  |                       | DELF16  | 2.1               |        | 21-211             |   |                                | Change                    | Addition                                |  |
| NAME  | RUBIN, ALLAN L.  |                       |   | 2.2 N             |        |                    |   | _                              |                           |   |  |
| STREET ADDRESS                                      | 107 SWEETWATER CR DR   | W                     |   |                   |        | ADDRESS            |   |                                |                           |   |  |
| City-ST-ZIP   | LONGWOOD FL  | •                     |   |                   |        | 61 - 7IP           |   |                                |                           |   |  |
| TITLE   | D  |                       | DELETE  |                   | MILE   |                    |   |                                | Change                    | ☐ Addition                              |  |
| NAME  | RUBIN, BLANCHE B.  |                       | _   | 321               | IAME   |                    |   |                                |                           |   |  |
| STREET ADDRESS                                      | 107 SWEETWATER CR DR   | W                     |   | 33                | STREE  | T ADDRESS          |   |                                |                           |   |  |
| CITY-ST-ZIP   | LONGWOOD FL  |                       |   | 3.4 (             | ITY-   | ST - ZIP           |   |                                |                           |   |  |
| TITLE   |  |                       | DELFTE  | 4.1               | TITLE  |                    |   | [                              | Change                    | Addition                                |  |
| NAME  |  |                       |   | 4.21              | AME    |                    |   |                                |                           |   |  |
| STREET ADDRESS                                      |  |                       |   | 4.3 9             | THEE   | FADDRESS           |   |                                |                           |   |  |
| CITY-ST-ZIP   |  |                       |   | 4.4 (             | ηγ-:   | ST-ZIP             |   |                                |                           |   |  |
| THILE   |  |                       | ☐ DELETE  | 5.1               | TITLE  |                    |   | [                              | Change                    | Addition                                |  |
| NAME  |  |                       |   | 521               | IAME   |                    |   |                                |                           |   |  |
| STREET ADDRESS                                      |  |                       |   | 535               | TAEE   | T ADDRESS          |   |                                |                           |   |  |
| CITY-ST-ZIP   |  |                       |   |                   |        | ST-ZIP             |   |                                |                           | A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 |  |
| TITLE   | 1  |                       | ☐ DELETE  | 6.1               | TITLE  |                    |   | [                              | Change                    | Addition                                |  |

14. To hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes I further certify that the information indicated on this armual 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 charged, or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CR2E034 (12/95)