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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300006455 (8)

OXFORD STREET MEN'S WEAR INC.

Principal Place of Business Mailing Address 5701 HILLSBOROUGH AVE 5701 HILLSBOROUGH AVE EAST LAKE SOUARE MALL EAST LAKE SOUARE MALL TAMPA FL 33610 TAMPA FL 33610-5423 3a. Date of Last Report 3. Date incorporated or Qualified 01/22/1993 02/20/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2907695 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 28 Country ZipCountry This corporation has liability for Mangible tax under s. 199.032, 30 Florida Statutes Yes 🔲 No 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ADDEEB, ADNAN **5701 E HILLSBOROUGH AVE** 82 Street Address (P.O. Box Number is Not Acceptable) EAST LAKE SQUARE MALL 83 **TAMPA FL 33610** R4 City Zip Code 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 of an fargular path, and accept the obligations of, Section 607.0506, Florida Statutes. gent and trie if applicable SIGNATURE (NOTE: Registered Agent a gnature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change Addition DELETE TITLE D 1.1 TITLE ADNAN, ADDEEB NAME 1.2 NAME 5701 E. HILLSBOROUGH 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL 1.4 CITY - ST-ZIP City-st

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14. If do 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 807, 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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HILE NAME

TITLE

NAME

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Secretary of State