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**PROFIT CORPORATION** ANNUAL REPORT

1999



DOCUMENT # P9400005006

KASPER/ELITE FORMALWEAR ACCESSORIES, INC.

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90210 017 \*\*\*300.00

Mailing Address Principal Place of Business 2280 SW 70TH AVENUE 2280 SW 70TH AVENUE SUITE 6 SUITE 6 DAVIE FL 33317 DO NOT WRITE IN THIS SPACE DAVIE FL 33317 3. Date Ir corporated or Qualifed 01/21/1994 4. FEI Number App ied For 2a. Mailing Address 2. Principal Place of Business 65-0468119 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & S ate 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation owes the current year Intangible Country Zip Zip []No Personal Property Tax. 30 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name REYNOLDS, DOUGLAS H Street Address (P.O. Box Number is Not Acceptable) 4875 NORTH FEDERAL HWY **TENTH FL** 83 FORT LAUDERDALE FL 33308 Zip Code 85 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 cirectors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTI:: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ DELETE 1.1 TITLE TITLE PARNESS, JERRY 1.2 NAME NAME 2280 SW 70TH AVE., SUITE 6 1.3 STREET ADDRESS STREET ADDRE :S **DAVIE FL 33317** CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADORE 3S 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ DELETE 3.1 TITLE TITLE 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE Change 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 6.1 TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP

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 of the receiver or tusted empowered to execute this report as recuired by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if phanged or on an attachment with an address, with all other like empowered.

SIGNATURE:

ME OF SIGNING OFFICEI: OR DIRECTOR