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PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000085815 (5) Corporation Name

CONCEPT STORES II INC.

Principal Place of Business Mailing Address 13249 NW 12 CT 13249 N.W. 12 CT. SUNRISE FL 33323 SUNRISE FL 33323 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/08/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0617818 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees Žip Country Country 8. This corporation owes or has paid the ourrent year Intangible ☐ No 24 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name BRONCHICK, KENNETH C 100 W. CYPRESS CREEK RD., SUITE 910 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33309 83 Zip Code 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 directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change Addition TITLE 1.1 THILE CAMACHO, CHARLES B NAME 1.2 NAME 13249 N.W. 12 CT. 1.3 STREET ADDRESS STREET ADDRESS SUNRISE FL CITY-ST-ZIP 14 CiTY-ST-ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP Addition TITLE ☐ DELÉTE Change 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREE1 ADDRESS CITY-ST-ZIP

FILED May 11 1998 8:00am Secretary of State



14. Thereby certify that the information typplied 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 conformation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in