Applied For

No: Applicable

FILED

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90117 041 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

<u>12/13/1995</u> FEI Number

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

2a. Mailing Address

5700 OCKEECHOBEE BLVD.

WEST PALM BEACH FL 33417

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P95000095438 1. Corporation Name

G & S FASHIONS, INC.

Principal Place of Business

5700 OCKEECHOBEE BLVD.

WEST PALM BEACH FL 33417

2. Principal Place of Business

21	26				59-33	49659		No.	Applicable
Suite, Apt.	#, etc. Suit	e, Apt. #, etc.				ite of Status Desired		\$8.75	
City & Stat		& State				Campaign Financing	g 🗆	\$5.00 Added to	
Zip 24	Country Zip	3	Countr	у		rporation owes the cu al Property Tax.	urrent year li		
	9. Name and Address of Current Registered		'		10. Name	and Address of New	Registered	d Agent	
			8	1 Name					
	RNER, GREGG 2 Oakmont		8:	2 Street Ailo	dress (P.O. Box	Number is Not Acces	ptable)		
FT. I	LAUDERDALE FL 33332		8:	3					
			8	4 City			Fi	85 Zip C	ode
SIGNATURE	Signature, typed or printed name of registered agen, and title if applic	able (NO1 E: R	tagistered Ac	ent signature req in	red when reinstating)	-	DATE		
12.	OFFICERS AND DIRECTO		13.			NS/CHANGES TO C	FFICERS A	ND DIRECTO	RS IN 12
TITLE	D/P	DELETE	1.1 TITLE					Change	Addition
NAME	WARNER, GREGG		12 NAME						
STREET ADDR! SS	L		1.3 STRE	ET ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE FL 33332		14 CITY-	ST-ZIP					
TITLE	VPST	DELETE	2.1 TITLE		,			Change	☐ Additio
NAME	WARNER, GREGG		2.2 NAME						
STREET ADDRESS	l		2.3 STRE	ET ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE FL 33332	2.4		ST-ZIP			-····		
TITLE		☐ DELETE	3.1 TITLÉ					Change	Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STRE	ET ADDRESS					

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 corpora ion 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 changed, or on an attactor ent with an address, with all other like empowered.

3.4. CITY-ST-ZIP

4 3 STREET ADDRESS

53 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

44 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

Change

☐ Change

Change

☐ Addition

Addition

Addition