

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 09 1997 8:00am
Secretary of State

DOCUMENT # P96000011222 (2)

1. Corporation Name

SIMONS RETAIL GROUP, U.S.A., INC.

Principal Place of Business

5401 SO. KIRKMAN ROAD STE 500
ORLANDO FL 32819

Mailing Address

5401 SO. KIRKMAN ROAD STE 500
ORLANDO FL 32819-7911

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

02/01/1996

3a. Date of Last Report

4. FEI Number

59-3365097

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

LAVONE, JAMES R ESQ.
5401 SO. KIRKMAN ROAD STE 500
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name

PETER TATTERSALL

82 Street Address (P.O. Box Number is Not Acceptable)

333 N FERNOCREEK AV

83

84 City

ORLANDO

FL

85 Zip Code

32803

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. 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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6-30-97

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME NAZ, SHAHEEN
STREET ADDRESS 109 BROADBOTTOM ROAD
CITY-ST-ZIP 441 MOTTRAM ROAD STALYBRIDGE MOTTRAM
CHESHIRE UNITED KINGDOM CHESHIRE SK14 6HZ

TITLE D ☐ DELETE
NAME NAZ, ROHAIL S. S
STREET ADDRESS 109 BROADBOTTOM ROAD
CITY-ST-ZIP 441 MOTTRAM ROAD STALYBRIDGE MOTTRAM
CHESHIRE UNITED KINGDOM CHESHIRE SK14 6HZ

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, together with the 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, its 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, with an address.

SIGNATURE

SIGNATURE REQUIRED

6-30-97

117-894-2272

CR2E034 (9/96)