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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600035004

1. Corpora ion Name

SHIRTS R US OF HALLANDALE, INC.

Principal Place of Business	Mailing Address
625 WEST HALLANDALE BEACH BOULEVARD HALLANDALE FL 33009	625 WEST HALLANDALE BEACH BOULEVARD HALLANDALE FL 33009

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

04-27-1999 90087 012 \*\*\*150.00



ITE IN THIS S	Ap    No   \$8.75 A	r lied For	
	Ap    No   \$8.75 A	<u> </u>	]
	Ap    No   \$8.75 A	<u> </u>	
	\$8.75 A	<u> </u>	
	\$8.75 A	<u> </u>	
	\$8.75 A	<u> </u>	1
	\$8.75 A	Applicable	4
	•	Additional	+
————		ecuired	Ì
П			1
_	\$5.00 Added to	•	ļ
rent year nta		- 1 663	1
		I∃No	
			1
			1
			1
able)			1
			1
	85 Zip C	Code	]
			4
pt the aproin	tment as rec	gistered	
DATE			-   ⊛
FICERS AND			1 😸
	Change	Addition	
01.01			=
えひわ ドリル	d		34 (2
ach eile	ið		2E034 (1
009		a	3R2E034 (1
009	Change	Addition	R2E034 (
009		Addition	CR2E034 (1
009		Addition	CR2E034 (1
009			
009		☐ Addition	
200 P	☐ Change		
20n EN 009	☐ Change		
20n EN	☐ Change	Addition	
20n EN 009	☐ Change		
20n EN	☐ Change	Addition	
20n EN 009	☐ Change	Addition	
20n EN	☐ Change	Addition	
20n EN	☐ Change	Addition	
20n EN	☐ Change	Addition	
20n EN	☐ Change	Addition	
20n EN	☐ Change	Addition	
20n EN	☐ Change	Addition	
20n EN	☐ Change ☐ Change ☐ Change	Addition	
20n EN	☐ Change ☐ Change ☐ Change	Addition	
	Registered A able)  FL purpose of c pt the appoin  DATE FICERS AND	Registere d Agent able)  FL 85 Zip 0 purpose of changing its pt the app ointment as reg	Registered Agent  able)  FL 85 Zip Code  purpose of changing its registered pt the approintment as registered  DATE  FICERS AND DIRECTORS IN 12

14. I heret y certify that the informa ion 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 signat are 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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or of an attachment with an address, with all other like empowered.

S	IG	N.	٨	ΤL	JR	Ε
_			•			_