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

P96000058128 (5)

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998

ATLANTIC COAST SUNWEAR INC.

DOCUMENT #



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 24 1998 8:00am Secretary of State

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Principal Plac	ce of Busines	35		N	Mailing Addre	ess						i seniabol ine intia dilit edili gdili desil		# 1010( <b>17010</b>	HORAL HEIL	HE
5700 OKEECHOBEE BLVD					5700 OKEECHOBEE BLVD							·				
SUITE #7					SUITE #7											
WEST PALM BCH FL 33417					WEST PALM BCH FL 33417					ļ		DO NOT WRITE II	N THIS	SPACE		
US					US						3.	Date Incorporated or Qualified				
2. Principal F	Place of Busi	ness		20	. Mailing Ad	drace					4	<b>07/08/1996</b> FEI Number			A m m Nim s	4.5
<u></u>					26						-	65-0688700			Applied	plicable
Suite Apt # etc.					Suite, Apt. #, etc.										5 Additi	
22					27						5.	Certificate of Status Desired			Require	
City & State					City & State						6.	Election Campaign Financing		\$5.0	0 May	Re
23					28										d to Fe	
Zip			Country		Zip	Ţ	Co	untry			8.	This corporation owes or has paid	the cur	rent year		
24		25		29	L		30					Personal Property Tax due June 3		Yes	cN 🔲	,
			Address of Curren	it Hegi	stered Ager	11		041	N1		10.	Name and Address of New Regi	stered .	Agent		
	OULDBOUR							81	Name							
	ST PALM (	EE BLVD #7 FL 33417						Street	Addres	fress (P.O. Box Number is Not Acceptable)						
								83	••••							
								84	City	<del></del> .			FL	85 Zi	p Code	,
11. Pursuant	to the provis	sions	of Sections 607.050	2 and (	607.1508, Fk	orida Statute	s. the a	above	-namec	corpor	atio	n submits this statement for the pur		changing	its rec	istered
office or r	registered aç ım familiar w	gent,	or both, in the State nd accept the obliga	of Flor	ida Such ch	larige was at	uthorize	ed by	the cor	poration	i's b	n submits this statement for the pur poard of directors. I hereby accept	the app	ointment	as regis	tered
SIGNATURE		,	The consequence of the consequence		or, coodio:1 <b>c</b> .	37.0000, 110	rio Oto	itoteo								
SIGNATURE	Signature typic	for pu	ited name of registored age	ot and titl	le if applicable	(NOTE	Registere	ed Ager	nt signatur	e required	when	reinstating)	DATE			
12.			OFFICERS AND	DIRE			13.				- /	ADDITIONS/CHANGES TO OFFICE	AS AND	DIRECTO	OR\$ IN	12
TITLE	D					DELETE	1.1 T	ITLE						☐ Chang	e []	Addition
NAME			RNE, JOHN T	_			1.2 N	NAME								l
STREET ADDRESS			CHOBEE BLVD #7				1.3 \$	STREET	address			•				
CITY-ST-ZIP	WEST	ALM	BCH FL			DELETE	-	CITY - ST	r-ZIP	ļ		VP PHANESTONIA				
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STREET ADDRESS									ADDRESS							ł
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NAME								NAME						Unang	, <u></u>	Addition
STREET ADDRESS									ADDRESS							
CITY-ST-ZIP								ITY-ST								
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NAME					_		5.2 N									
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0.74 07 70										l						

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 corpolation or the Schwer 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 chapted, or on any attachment with an address.

JOHN Grouldhouse