09071999-90001-017-$550.00-$550.00

99.

AMOUNT DUE ON OR BEFORE 05/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP 27 PM 12:40

DOCUMENT # **P97000108297**

Corporation Name
COUNTRY AND CASUAL II, INC.

Principal Place of Business	Mailing Address
2868 PERSHING ST HOLLYWOOD FL 33020	2868 PERSHING ST HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27
City & State	City & State 28
Zip / Country 28	Zip 29 / Country 30

3. Date Incorporated or Qualified: 01/01/1998
4. FEI Number: 65-0803266 ☐ 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 owes the current year Intangible Personal Property. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CLARKE, BARRY
6326 NW 23 ST
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

81 Name: CLARKE, BARRY
82 Street Address (P.O. Box Number is Not Acceptable): 2800 N. OCEAN BLVD
83: # 128
84 City: FORT LAUDERDALE FL 85 Zip Code: 33308

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
D CLARKE, BARRY 6326 NW 23 ST BOCA RATON FL 33434	☐ DELETE	1.1 TITLE D 1.2 NAME CLARKE, BARRY 1.3 STREET ADDRESS 2800 N. OCEAN BLVD #128 1.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33308 ☑ Change ☐ Addition
D CLARKE, BEVERLY 6326 NW 23 ST BOCA RATON FL 33434	☐ DELETE	2.1 TITLE D 2.2 NAME CLARKE, BEVERLY 2.3 STREET ADDRESS 2800 N. OCEAN BLVD #128 2.4 CITY-ST-ZIP FT. LAUDERDALE FL 33308 ☑ Change ☐ Addition
	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition
	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (5/99)

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 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 on an attachment with an address.

SIGNATURE: [signature] REQUIRED BARRY CLARKE 9/1/99 954 921 9420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #