PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000069773 1. Corporation Name

DAVID'S FORMAL WEAR & ALTERATIONS, INC.

ĺ	Principal Place of Business	Mailing Address
	1105-B SOUTH 8TH ST. FERNANDINA BCH FL 32034	1105-B South 8th St. Fernandina BCH FL 32034

FILED Mar 04, 1999 8:00 am Secretary of State

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Principal Place	e of Business	Mailing Address				1881 601 1811 1811 1811 1811 1811 1811 1811 1811 1811 1811 1811 1811 1811 1811	 	#1614 1886	
1105-B SOUTH 8TH ST. 1105-B SOUTH 8TH ST.									
FERNANDINA BCH FL 32034 FERNANDINA BCH FL 3				DO NOT WRITE IN THIS SPACE					
					ŀ	3. Date Incorporated or Qualifed			
						08/06/1998			
2. Principal P	face of Business	2a. Mailing Address				4. FEI Number		Ap	pplied For
21		26				59-3529696		No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional
22		27				5. Certificate of Status Desired	ب 	Fee Re	equired -
City & State	е	City & State				6. Election Campaign Financing	' _□	•	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip		untry		8. This corporation owes the cu	ment year Ir	ntangible XIYes	□No
24	25	[29]	30	1		Personal Property Tax. 10. Name and Address of New	Penisteren		
	9. Name and Address of Curr	ent Registered Agent		81 Name	<u> </u>	10. Name and Address of New	Kegisteret	Agent	_
FLITTE	RELL, BETTY C								
	S-B SOUTH 8TH ST.			82 Stree	t Addres	s (P.O. Box Number is Not Accep	table)		
	NANDINA BCH FL 32034			83					
						· · · · · · · · · · · · · · · · · · ·			
				84 City			Fl	85 Zip	Code
44 Durayant	to the provisions of Sections 607.0	502 and 607 1508 Florida St	atutes the s	ahove-name	d corner:	ation submits this statement for th	e purpose o	f changing its	registered
office or a	enistered agent or both in the Sta	te of Florida. Such change wa	as authorize	d by the con	poration'	s board of directors. I hereby according	ept the appo	intment as re	egistered
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505,	Florida Stat	tutes.					
SIGNATURE	20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	to della deputable (f	IOTE: Peacetore	d Agent signature	required w	then reinstating)	DATE		 _
	Signature, typed or printed name of registered a	·		d Agent signature	required w		DATE FFICERS A	ND DIRECTO	ORS IN 12
12.	OFFICERS A	agent and title if applicable. (f AND DIRECTORS DELETE	13.		required w	men reinstating) ADDITIONS/CHANGES TO O		ND DIRECTO	ORS IN 12
12.	OFFICERS A	AND DIRECTORS	13.	TITLE	e required w				
12. TITLE NAME	OFFICERS A PSTD FUTRELL, BETTY C	AND DIRECTORS	13. 1.1 T 1.2 N	TITLE NAME					
12. TITLE NAME STREET ADDRESS	PSTD FUTRELL, BETTY C 1807 BEECH ST.	AND DIRECTORS	13. 1.1 T 1.2 N 1.3 S	TITLE NAME STREET ADDRESS					
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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 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP