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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90016 007 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

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

₽ 1.	OCUMEN I	#	S27	190	

AMERICA'S #1 BIG & TALL, INC.

Principal Place of Business 1544 GOODWOOD TERRACE

21

SIGNATURE

TITLE

NAME

TITLE

NAME

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

Mailing Address

1544 GOODWOOD TERRACE WEST PALM BEACH FL 33414 WEST PALM BEACH FL 33414

01/24/1991 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0249655 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27

22 \$5.00 May Be City & State City & State 6. Election Campaign Financing **Trust Fund Contribution** Added to Fees 28 23 Country Zip Country Zip 8. This corporation owes the current year Intangible Personal Property Tax. □No 30 24 29

83

(NOTE: Registered Agent signature required when reinstating)

10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81

SEGAL, RANDOLPH A. 1544 GOODWOOD TERRACE

-WEST PALM BEACH FL 33414 WELLINGTON

Signature, typed or printed name of registered agent and title if applicable

W Crack to 1979,	84 City		FL 85 Zip Code
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida S office or registered agent, or both, in the State of Florida. Such change w agent. I am familiar with, and accept the obligations of, Section 607.0505 	as authorized by the corporation	oration submits this statement for on's board of directors. I hereby	or the purpose of changing its registered accept the appointment as registered

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE TITLE SEGAL, RANDOLPH A. 1.2 NAME NAME 1544 GOODWOOD TERR. 1.3 STREET ADDRESS STREET ADDRESS WELLINGTON FL 33414 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ DELETE 517/TLF

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

□ DELETE

4-22-99 (561)692-4542

Change

☐ Addition

CR2E034 (11/98)