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

PROFIT CORPORATION ANNUAL REPORT

1997



SIGNATURE:
SIGNATURE AND 19PEU OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Jan 29 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S69275

(3)

JERROLD'S MEN'S CLOTHING INCORPORATED

Principal Prace of Business Mailing Address					TIEN BENN BENN BENN BENN BYNN ENNY
215 W VENICE AVE VENICE FL 34285 US		215 W VENICE AVE VENICE FL 34285-2002 US			
				3. Date incorporated or Qualified 07/25/1991	3a. Date of Last Report 04/29/1996
2. Principal Ptace of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0275072	Not Applicable
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
<b>23</b>   Zip	Country		Country	8. This corporation has liability for	
24	25	29	30		Yes No
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Re	gistered Agent
adel	LMAN, JERRY		81 Name		
	W VENICE AVE		82 Street Ad	ldress (P.O. Box Number is Not Acceptat	ole)
VENI	CE FL 34285		83	·	
			63		
			84 City		FL 85 Zip Code
11 Durenged	to the provisions of Sections 607.	0502 and 607 1508 Florida Stat	utes the above-named co	orporation submits this statement for the p	purpose of changing its registered
office or r	egistered agent, or both, in the St	rate of Florida. Such change was	s authorized by the corpo	ration's board of directors. I hereby accel	ot the appointment as registered
-	m familiar with, and accept the ob	oligations of, Section 607.0505,	rionda Statutes.		
SIGNATURE	Signature, typed or presed name of registered	d agent and title if applicable. (N	OTE Registered Agent signature re	quired when reinstating)	DATE
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TOLE	Ď	☐ DELETE	1.1 TITLE		Change Addition
NAME	ADELMAN, JERRY R		1.2 NAME		
STREET ADDRESS	215 W VENICE AVE		1.3 STREET ADORESS		
CITY - ST - ZIP	VENICE FL	T offers	1.4 CITY-ST-ZIP	- ALMANA AND AND AND AND AND AND AND AND AND	Change Addition
TITLE		☐ DELLETE	2.1 TITLE		C Cusinge C Adoption
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		·
City - ST - 7IP TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAM <del>f</del> .			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY: \$1-2IP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAMÉ			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		[ ] bo) 575	5 4 CiTY+ST-ZIP		Change Addition
TITLE		☐ DELETE	6.1 TITLE		CT CHANGE C''T MODITOR
NAME			62 NAME		
STREET ADDRESS	1		6.3 STREET ADDRESS		
CITY-S1-ZIP	by certify that the information sup	plied with this filing does not an	alify for the exemption sta	ated in Section 119.07(3)(i), Florida Statute	es. I further certify that the
informatio	by conficient on this annual report officer or director of the corporatio in Block 12 or Block 13 /f change	or supplemental annual report in on or the receiver or trustee emp	s true and accurate and to owered to execute this re	hat my signature shall have the same leg port as required by Chapter 607, Florida	al effect as if made under oath; that Statutes; and that my name