FIL	E NOW: FILING FEE /	AFTER MAY 1 IS	\$ \$225	Λſ				
PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS						
DOCUMENT # \$97908 (5)								
1. Corporation Name  BENCHMARK PERSONAL CLOTHIERS, INC.								
	110 Hill   miles   v m   v m v v v m	1101 1110.						
Principal Place	of Business	Mailing Address					. <mark>(11)   Biron Biron Digit di</mark>	
12180 28TH STREET NORTH 12180 28TH STREET NORTH ST. PETERSBURG FL 33716 ST. PETERSBURG FL 33716								
			÷			Date Incorporated or Qualified     12/02/1991	3a. Date of Last 05/01/19	
2, Principal Place of Business 2a, Mailing Address						4. FEI Number	1 00/01/1	Applied For
Suite, Apt.	# ata	26 Suito Apt # ala				59-3098455		Not Applicable
22	Suite, Apt. #, etc.	ри. н, etc.			5. Certificate of Status Desired	7	75 Additional e Required	
City & State         City & State           23         28					MP	6. Election Campaign Financing	\$5.	00 May Be
Zip				Country		Trust Fund Contribution  8. This corporation has liability for in	Add	s 199.032,
24	25 g. Name and Address of Current (	29 Paylatarad Apont	30			Florida Statutes Yes	∐ No	
	9. Name and Address of Correin i	Hegisterea Agent	81	Na	me	10. Name and Address of New Ro	egistered Agent	
PEASE, STEVEN C.						ss (P.O. Box Number is Not Acceptabl	i.s.	· · · · · · · · · · · · · · · · · · ·
228 27TH AVENUE NORTH ST. PETERSBURG FL 33704				36	Bet Audie.	SS (F.O. DOX MUITIDE) IS NOT ACCEPTED.	0)	
SI. PETERSBURG PL 33/04			83			•		
				City		FL 85 Zip Code		
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab- or registered agent, or both, in the State of Florida, Such change was authorized by the familiar with and property the obligations of Section 607.0505.</li> </ol>					d corporation's board	tion submits this statement for the purp of directors. I hereby accept the appo	Dose of changing its	registered office
familiar wit	th, and accept the obligations of, Section	ı 607.0505, Florida Statutes.				A second	THE HOLD TO SHOULD BE	o agont. I am
	Signature, typed or printed name of registered agent and		Registered Agor	it signal	ture required v	wher reinstating)	DATE	
12. Title	OFFICERS AND I	OFFICERS AND DIRECTORS  TI DELETE		13.		ADDITIONS/CHANGES TO OFFIC		
NAME	PEASE, STEVEN		1.1 TITLE 1.2 NAME			•	Change	Addition
STREET ADDRESS	12180 28TH STREET NO			1.3 STREET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL			1.4 City-St-ZiP				
TITLE	ST DEADE OUTDW	☐ DELETE	2 1 TrTLE				Change	Addition
NAME	PEASE, CHERYL 12180 28TH STREET NORTH		2 2 NAME					
STREET ADDRESS City-St-Zip	ST. PETERSBURG FL			2.3 STREET ADDRESS				
TITLE		2.		2.4 CITY-ST-ZIP 3.1 TITLE			Change	Addition
NAME			3.2 NAME				□ Glange	Addition
STREET ADDRESS			3 3. STREET	ADDRI	ESS			
CITY-ST-ZIP	P 3		34 CHY-S	3.4 CHY-SY-ZIP				
TITLE		DELETE	4 1 TITLE				Change	Addition
NAME STREET ADDRESS			4.2 NAME	.nnnn				
OTTICE TREBUILDS	1		4.3 STREET	ALIDR*	SS			

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 chapted, or on an attachment with an address.

SIGNATURE:

NONATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Displice Phone # 64 CITY - ST - ZIP

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY - ST - ZIP

5 1 TITLE

5.2 NAME

6. 1 TITLE

6.2 NAME

TITLE NAME STREET CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

DELETE

4)29/96 813-571-1002

Change Addition

Addition

Change