

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 APR -4 PM 11:43**

**DOCUMENT # K24380 (3)**  
1. Corporation Name  
**THIS & THAT, INC.**

Principal Place of Business: **C/O SURWEAR, INC. 853 N. ATLANTIC BLVD. FT. LAUDERDALE FL 33304**  
Mailing Address: **C/O SURWEAR, INC. 853 N. ATLANTIC BLVD. FT. LAUDERDALE FL 33304**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/23/1988** 3a. Date of Last Report: **04/28/1994**  
4. FEI Number: **59-2889359** 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 has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 [ ] 2a. Mailing Address: 26 [ ]  
Suite, Apt. #, etc.: 22 [ ] Suite, Apt. #, etc.: 27 [ ]  
City & State: 23 [ ] City & State: 28 [ ]  
Zip: 24 [ ] Country: 25 [ ] Zip: 29 [ ] Country: 30 [ ]

9. Name and Address of Current Registered Agent  
**LALWANI, NARRIN  
853 N. ATLANTIC BLVD.  
FT. LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent  
81 Name: [ ]  
82 Street Address (P.O. Box Number is Not Acceptable): [ ]  
83 [ ]  
84 City: [ ] FL 85 Zip Code: [ ]

11. 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>VD</b>
NAME	<b>LALWANI, NARAIN</b>
STREET ADDRESS	<b>853 N ATLANTIC BLVD</b>
CITY - ST - ZIP	<b>FORT LAUDERDALE FL</b>
TITLE	<b>SD</b>
NAME	<b>LALWANI, DEVKRISHIN</b>
STREET ADDRESS	<b>853 N ATLANTIC BLVD</b>
CITY - ST - ZIP	<b>FORT LAUDERDALE FL</b>
TITLE	<b>TD</b>
NAME	<b>LALWANI, MOHAN</b>
STREET ADDRESS	<b>853 N ATLANTIC BLVD</b>
CITY - ST - ZIP	<b>FORT LAUDERDALE FL</b>
TITLE	[ ]
NAME	[ ]
STREET ADDRESS	[ ]
CITY - ST - ZIP	[ ]
TITLE	[ ]
NAME	[ ]
STREET ADDRESS	[ ]
CITY - ST - ZIP	[ ]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[ ] Change [ ] Addition
12 NAME	[ ]
13 STREET ADDRESS	[ ]
14 CITY - ST - ZIP	[ ]
21 TITLE	[ ] Change [ ] Addition
22 NAME	[ ]
23 STREET ADDRESS	[ ]
24 CITY - ST - ZIP	[ ]
31 TITLE	[ ] Change [ ] Addition
32 NAME	[ ]
33 STREET ADDRESS	[ ]
34 CITY - ST - ZIP	[ ]
41 TITLE	[ ] Change [ ] Addition
42 NAME	[ ]
43 STREET ADDRESS	[ ]
44 CITY - ST - ZIP	[ ]
51 TITLE	[ ] Change [ ] Addition
52 NAME	[ ]
53 STREET ADDRESS	[ ]
54 CITY - ST - ZIP	[ ]
61 TITLE	[ ] Change [ ] Addition
62 NAME	[ ]
63 STREET ADDRESS	[ ]
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 110.07(3)(k), Florida Statute. I further certify that the information indicated on the 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: S. Matham 3/27/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Type Name)