FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:40

DOCUMENT # **P93000057921 (7)**

1. Corporation Name
NAUTICA OF AUGUSTINE, INC.

Principal Place of Business
C/O THE PRENTICE-HALL CORPORATION SYSTEM
2700 STATE ROAD 16, STE. 801
ST. AUGUSTINE FL 32084
US

Mailing Address
NAUTICA OF ST. AUGUSTINE, INC.
~~C/O THE PRENTICE-HALL CORPORATION SYSTEM~~
40 W. 57TH ST., 3RD FLOOR
NEW YORK NY 10019
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/18/1993**	3a. Date of Last Report: **03/23/1994**
4. FEI Number: **13-3729661**	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	2a. Mailing Address
21	26 40 WEST 57TH STREET
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. 3RD FLOOR
23 City & State	28 City & State NEW YORK NY
24 Zip / 25 Country	29 Zip 10019 / 30 Country USA

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

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 _____ DATE
Signature required if printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when name(s) changed.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	~~V~~ PD	☒ Change ☐ Addition
NAME	SANDERS, HARVEY	12 NAME		
STREET ADDRESS	40 W. 57TH ST.	13 STREET ADDRESS		
CITY ST ZIP	NEW YORK NY	14 CITY ST ZIP		
TITLE	VD	21 TITLE		☒ Change ☐ Addition
NAME	CHU, DAVID	22 NAME	40 WEST 57TH STREET	
STREET ADDRESS	40 W. 47TH ST.	23 STREET ADDRESS		
CITY ST ZIP	NEW YORK NY	24 CITY ST ZIP		
TITLE	TS	31 TITLE		☐ Change ☐ Addition
NAME	BURD, SHARON	32 NAME		
STREET ADDRESS	40 W. 57TH ST.	33 STREET ADDRESS		
CITY ST ZIP	NEW YORK NY	34 CITY ST ZIP		
TITLE	V	41 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	WETZLER, JOHN	42 NAME		
STREET ADDRESS	40 W. 57TH ST.	43 STREET ADDRESS		
CITY ST ZIP	NEW YORK NY	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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)(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.

SIGNATURE: X _____ 3/23/95 (212) 841 7180
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Telephone Number

0001094 CP