FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P93000057921 (7)

1. Corporation Name

NAUTICA OF AUGUSTINE, INC.

Principal Place of Business	Mailing Address
C/O THE PRENTICE-HALL CORPORATION SYSTEM 2700 STATE ROAD 16, STE. 801 ST. AUGUSTINE FL 33104 US	40 WEST 57TH STREET, 3RD FLOOR 40 W. 57TH ST., 3RD FLOOR NEW YORK NY 10019 US

3. Date Incorporated or Qualified: 08/18/1993
3a. Date of Last Report: 03/31/1995

4. FEI Number: 13-3729661 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) — Suite, Apt #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt #, etc. (27) — City & State (28) — Zip (29) — Country (30)

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

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~ ☐ DELETE	1.1 TITLE	VD ☒ Change ☐ Addition
NAME	SANDERS, HARVEY	1.2 NAME	
STREET ADDRESS	40 W. 57TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	10019
TITLE	VD ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	CHU, DAVID	2.2 NAME	
STREET ADDRESS	40 W. 47TH ST.	2.3 STREET ADDRESS	40 WEST 57TH STREET
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	10019
TITLE	TS ☐ DELETE	3.1 TITLE	TS ☒ Change ☐ Addition
NAME	BURD, SHARON	3.2 NAME	FRANK PETRACCA
STREET ADDRESS	40 W. 57TH ST.	3.3 STREET ADDRESS	40 WEST 57TH STREET
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	NEW YORK NY 10019
TITLE	~~V~~ ☐ DELETE	4.1 TITLE	P ☒ Change ☐ Addition
NAME	WETZLER, JOHN	4.2 NAME	
STREET ADDRESS	40 W. 57TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	10019
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 changed, or on an attachment with an address.

SIGNATURE: Petracca — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 2/1/96 — 212 891 7180 (Date, Daytime Phone #)

CR2E034 (12/95)