SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

AND \$165,00 FILED



PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 JUL 23 IM 9: 00 SECRETARY OF STATE TALLAHASSET, FLORIDA

DOCUMENT # S08168

TRIUMPH HOSIERY CORP.

(4)

	THE STATE OF THE S					
Principal Plac	e of Business	Mailing Address				
3240 N 37 ST		3240 N 37 ST	3240 N 37 ST			
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021			33021			
					DO NOT WRITE	IN THIS SPACE
					3. Date Incorporated or Qualified	3a. Date of Last Report
L					10/24/1990	04/23/1996
	lace of Business	2a. Mailing Addres	S		4. FEI Number	Applied For
21 Cuita Ani	# ata		26		65-0226886	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			tc.		5. Certificate of Status Desired	\$8.75 Additional
22						Fee Required
23	·	City & State	28		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	7(p	Countr		Trust Fund Contribution	Added to Fees
24	25	29	30	•	This corporation owes or has pai Personal Property Tax due June	
	9. Name and Address of Curre		1301		10. Name and Address of New Rec	
FD	WARD SOLOMAN					
	10 N 37 ST					
HOLLYWOOD FL 33021			82	Street Ad	dress (P.O. Box Number is Not Acceptable	e)
1.0	22111000 12 00021		83	 		
			84	City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the ab				e-named co	rooration submits this statement for the nu	100000 of all and a 1000000
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.						
	m familiar with, and accept the obli	igations of, Suction 607.03	505, Florida Statute	S.		
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable.	(NOTE: Boostored Ag	ear signature reg	uired when reinstahng)	DATE
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	
TITLE	PST	DELE	TE 1.1 TITLE	6	OB	Change Addition
NAME	ANN SOLOMON		1.2 NAME		NN SOLOMON	_
STREET ADDRESS	3240 N. 37TH STREET		1.3 STREET		240 N. 37th. st.	
CITY-ST-ZIP	HOLLYWOOD, FL 33021		14 CHY-5			.
TITLE			TE 21 TITLE		OLLYWOOD, FL. 3302	Change Addition
NAME	22		2 2 NAME	•••	8000022	SOSBB9
STREET ADDRESS			2 3 STREET ADDRESS		8000022505889 -07/29/9701053027	
CITY-ST-ZIP			2.4 CHY-	ST - 71P	****165	.00 ****165.00
TITLE		DELF				☐ Change ☐ Addition
NAME			3.2 NAME	ľ		
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY-	S1 - 71F		
TITLE		DELE	TE 4.1 TITLE	2	ecretary	Change Addition
NAME			4.2 NAME		USAN ZOHAR	
STREET ADDRESS			4.3 STREET		27 N.E. 199 St.	
CITI-ST-ZIP	.		4.4 CITY - S	3		
TITLE		DELE		11/1	iami, Fl. 33179	Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S			
TITLE		☐ DELE		P	η·	Change \(\) Addition
NAME			6.2 NAME	1-	DWARD SOLOMON	1/W_X(P)L
STREET ADDRESS			6.3 STREET			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
CITY CT. 710				3.	240 N. 37th. st.	VI.~

14. I do hereby certify that the information supplied with this thing does not qualify for the exemption stated in Section 119.0/(3)(1) Fibrida 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 frustee empowered to execute this report as required by Chapter 607, I forida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on a pattachment with an address.

11/15/10-2

954-912.6001



Triumph Hosiery Corp.

2700 NORTH 29th AVENUE SUITE 105 HOLLYWOOD, FLORIDA 33020 (954) 929-6021 FAX (954) 963-3344

July 15, 1997

We originally mailed this form along with check # 7105 on February 27, 1997. Today when I called I was told that this form and check were returned to me on 3.5.97 for new signature, However we never received this back and until today we did not know that there was a problem. Our original check has not cleared the bank so I must assume that this was lost in the mail when you sent it back to us. Per my conversation with you today, enclosed please find a new completed form along with a new check.

Thank you.