

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/1/93: \$226 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
JAN 10 1994

DOCUMENT # 324141

(1)

1. Corporation Name

TEAM EDITION APPAREL, INC.

Principal Place of Business

4208 19TH STREET COURT, EAST  
BRADENTON FL 34208-3210

Mailing Address

4208 19TH STREET COURT, EAST  
BRADENTON FL 34208-3210

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/12/1967

3a. Date of Last Report

04/15/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

4. FBI Number

59-1202727

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. 189.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PD  
RICE, JOHN L.  
8717 NW 12TH AVE  
BRADENTON FL  
S  
CLARKE, SHEILAGH M  
233 BROADWAY  
NEW YORK NY  
D  
LAVIN, WILLIAM K.  
233 BROADWAY  
NEW YORK NY  
DCB  
MARRELLA, FRANK J.  
233 BROADWAY  
NEW YORK NY  
VT  
CANNON, JOHN H.  
233 BROADWAY  
NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

M  
Carollo, Thomas J.  
4676 E. 33rd St.  
Bradenton, FL 34203  
D  
Farah, Roger N.  
233 Broadway  
New York, NY 10279  
PD  
Suraci, Philip T.  
1275 Ritner Highway  
Carlisle, PA 17013  
D  
DeVries, William L.  
233 Broadway  
New York, NY 10279

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)(b), 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 within address.

SIGNATURE:

Thomas J. Carollo  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-14-95

813 747 5300

Date

Daytime Phone #