

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 # 353018 (5)

1. Corporation Name

NORMAN'S WOMEN'S APPAREL, INC.

Principal Place of Business

9567 HARDING AVE
SURFSIDE FL 33154

Mailing Address

9567 HARDING AVE
SURFSIDE FL 33154



3. Date Incorporated or Qualified
09/30/1969

3a. Date of Last Report
05/01/1995

4. FET Number
59-1273897

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEINWAND, CAROL
9567 HARDING AVE
SURFSIDE FL 33154

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 of agent or person submitting registration and the corporation)

(If the Registered Agent signature is required when registering)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD
LEINWAND, CAROL
9567 HARDING AVE
SURFSIDE FL

☐ DELETE

1. TITLE

☐ Change ☐ Addition

NAME

2. NAME

STREET ADDRESS

3. STREET ADDRESS

CITY-ST-ZIP

4. CITY-ST-ZIP

TITLE

☐ DELETE

2. TITLE

☐ Change ☐ Addition

NAME

22. NAME

STREET ADDRESS

23. STREET ADDRESS

CITY-ST-ZIP

24. CITY-ST-ZIP

TITLE

☐ DELETE

3. TITLE

☐ Change ☐ Addition

NAME

32. NAME

STREET ADDRESS

33. STREET ADDRESS

CITY-ST-ZIP

34. CITY-ST-ZIP

TITLE

☐ DELETE

4. TITLE

☐ Change ☐ Addition

NAME

42. NAME

STREET ADDRESS

43. STREET ADDRESS

CITY-ST-ZIP

44. CITY-ST-ZIP

TITLE

☐ DELETE

5. TITLE

☐ Change ☐ Addition

NAME

52. NAME

STREET ADDRESS

53. STREET ADDRESS

CITY-ST-ZIP

54. CITY-ST-ZIP

TITLE

☐ DELETE

6. 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol Leinwand (CAROL LEINWAND)

1/31/96 305-864-3049

CR2E034 (12/95)