FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 14 1997 8:00am

	AL REPORT Socretary of DIVISION OF COR			•		DNS	Secretary of State			
DOCUI 1. Corporation	MENT # 35	3018	(5)	······································		***************************************				
NORMAN'S WOMEN'S APPAREL, INC.										
Principal Place 9587 HARDING SURFSIDE FL. S	AVE	9567 (Mailing Address 9567 HARDING AVE SURFSIDE FL 33154-2501					80 (IIII 8018) IGBU IBR	61014 01011 01011 3 4041 010	II 0 1011 1941
							3. Date Incorpor 09/30/1969		3a. Date of Last 02/05/1996	
21	lace of Business	26					4. FEI Number 59-1273897			Applied For Not Applicable
Suite, Apt.		27	Suite, Apt. #, etc. 27 City & State				5. Certificate of Status Desired Fee Required			
City & State 23 Zip	Country	28		Cou			6. Election Camp Trust Fund Co	ontribution	Adde:	May Be
24	25	29 ss of Current Register		30			Florida Statute		ptangible tax under Yes No gistered Agent	s. 199.032,
LEINWAND, CAROL 9567 HARDING AVE SURFSIDE FL 33154					81 82	Name Street Ado	iress (P.O. Box Numbe			
					83	City			FL 85 7ip	> Code
	to the provisions of Secti egistered agent, or both m familiar with, and acco	ions 607.0502 and 607. , in the State of Florida opt the obligations of, S	1508, Florida Statu Such change was ection 607.0505, F	ites, the al authorize lorida Stat	LI bove d by tutes	-named cor the corpora	poration submits this stion's board of director	statement for the p ors. I hereby accer	urpose of changing the appointment a	its registered is registered
SIGNATURE	Signature typed or printed name				d Agei	nl signature requ	ired when feinstating)		DATE	
12.		FICERS AND DIRECTO		13.			ADDITIONS/CH	IANGES TO OFFIC	CERS AND DIRECTO	
TITLE	PD Leinwand, Carol		DELETE	1,1 1/					L Change	Addition
NAME STREET ADORESS	9567 HARDING AVE			1.2 N		ADDRESS				
CITY-ST-ZIP	SURFSIDE FL	-			114-S1					-
TITLE			DELETE	2.111		1-21			Change	Addition
NAME				22 N/	AME					
STREET ADDRESS				2351	REET	ADDRESS				
CITY-ST-ZIP				2.40	ITY-S	1 · ZIP				
TATLE			DELETE	3.1 10				+3	Change	Addition
NAME				3.2 N/				•		
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP TITLE			DELETE	4.1 Ti	11Y+S 1LE	1-214			Change	Addition
NAME				4. 2 N						_ [
STREET ADDRESS				4.3 ST	TREET.	ADDRESS				
CITY-ST-ZIP				4.4 CI	ITY-S	1 - ZIP				
TITLE			DELETE	5111	1L E				☐ Change	Addition
NAME				5 2 N/	AME	İ				
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			DELETE		TY-SI	- ZIP			Change	Additron
TITLE			□ DECEIE	6.1 TI					Change	:
NAME STREET ADDRESS				6.2 N/ 6.3 S1		ADORESS				
CITY-ST-ZIP					inee i ITY - \$1					
4.4	an anetify that the info	tion augustical unit dies	(ilian dono not -: :-	Life Constitution		· · · ·	d in Continu 110 07/0	Vi) Florido Cictoro	a 1 f th	ol the

I do hereby certify that the information supplied with this filing 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 my address. 305-864-3049