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.)

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

APPROVED AND FILED

97 JUL 23 PM 12: 33

SECRETARY OF STATE TALLAHASSEE, FLORIDA

NEW-PO	ONCE SHIRT COMPANY,	Mailing Address		·····					
PITT SCOTT I	INDUSTRIAL BLDG., HWY 90 WEST	P.O. BOX 334	P.O. BOX 334						
334 MUTOWN NEW YORK N		MIDTOWN STATION NEW YORK NY 10018				DO NOT WRIT	TE IN TUIC CE	ACE.	· ··
MENT IONN N	US				3. Date Incorporated or Qualified		of Last R	eport	
						12/30/1980	1)1/1996	0,000
2. Principal Pi	ace of Business	2a, Mailing Address				4. FEI Number	VVIV		optied For
21		26	26			59-2041700		No	ot Applicable
Suite, Apt.	₩, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	
22 Ob. 9 Oct		27	_ 			•		Fee Re	
City & State	Ð	⊢ •	City & State			6. Election Campaign Financing		\$5.00	•
23 Zip	Country	28 Zip	Zip Country			Trust Fund Contribution			
24	25	29	30			Personal Property Tax due June 30. Yes No			
	9, Name and Address of Curr					10. Name and Address of New F		jent	
	BERTS, BONNIE K.		8	1 Nam	3				
	2 N. OKLAHOMA ST.		82 Str.		t Addres	ss (P.O. Box Number 1 N A cept	205. TF:	17-	
80	NIFAY FL 32425						<u> 197011</u>	310	<u>103 ~ </u>
			8	3		****1	<i>i</i> 5.00 *	****16	5,00
			8	4 City			-	85 Zip (Code
W		500 (007 4500 F) (1) O				ration submits this statement for the	FL_	<u> </u>	
office or re agent. I as SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obl	te of Florida. Such change was Igations of, Section 607.0505, Fl	authorized lorida Statut	by the co	prporation	n's board of directors. I hereby acc	ept the appoi	ntment as	registered
12.	Signature, typed or printed name of registered a OFFICERS A	AND DIRECTORS	13.	gent signati	re required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND D	IDECTOR	IS IN 12
TITLE	PD	DELETE	1.1 1011		1	ADDITIONS/OFFANGES TO OFF		Change	Addition
NAME	STACKMAN, HOWARD	_	1.2 NAM	E				_ •	
STREET ADDRESS	1359 BROADWAY #700		1.3 STRE	ET ADDRESS	,				
CITY-ST-ZIP	NEW YORK NY		1.4 CITY	- ST - ZIP					
TITLE	STD	DELETE	2.1 TITLE		1			Change	Addition
NAME	STACKMAN, GAIL		2.2 NAM	E					
STREET ADDRESS	1359 BRAODWAY #700		2.9 STRE	ET ADDRESS	í				
CITY-ST-ZIP	NEW YORK NY		_	-ST-ZiP					
TITLE		☐ DELETE	3.1 TITLI				L	Change	Addition
NAME			3.2 NAM						
STREET ADDRESS				ET ADORESS	1				
CITY-ST-ZIP TITLE		DELETE	3.4. CITY 4.1 TITLE	-ST-ZIP	+			Change	Addition
NAME			4.2 NAM				L.	= Auguge	
STREET ADDRESS				ET ADDRESS	.1				
CITY-ST-ZIP				-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE		1			Change	Addition
NAME			5.2 NAM	E					
STREET ADDRESS			5.3 STRE	ET ADDRESS		A. last			
CITY-ST-ZIP			5.4 CITY	-ST-ZIP	$\bot \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$	2) <u>1) </u>			
TITLE		DELETÉ	6.1 TITLE		KY.			Change	Addition
NAME			6.2 NAM	E	17	•			
STREET ADDRESS			6.3 STRE	ET ADDRESS					
CITY-ST-ZIP		Control of the contro	6.4 CITY		1	0			-1
information I am an of	n indicated on this annual report of ficer or director of the corporation in Block 12 or Block 13 if changed,	r supplemental annual report is or the receiver or trustee empor	true and ac wered to exe dress.	curate ar ecute this	nd that m	n Section 119.07(3)(i), Florida Statu iy signature shall have the same leş as required by Chaptor 607, Florida	ial effect as if	made und	der oath: that l