FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # F75948 (2)

FILED
95 JAN 27 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
VENUS SWIMWEAR, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
~~11200 SAINT JOHNS INDUSTRIAL PKWY. N. SUITE 1 JACKSONVILLE FL 32246-7659~~	~~11200 SAINT JOHNS INDUSTRIAL PKWY. N. SUITE 1 JACKSONVILLE FL 32246-7659~~

3. Date Incorporated or Qualified: 04/12/1982
3a. Date of Last Report: 04/15/1994

2. Principal Place of Business	2a. Mailing Address
21 11711 Marco Beach Drive	26 11711 Marco Beach Dr.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip 24 32224 Country 25 USA	Zip 29 32224 Country 30 USA

4. FEI Number: 59-2180929 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MASON, DEMERE 516 W ADAMS JACKSONVILLE FL 32202	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 _____ DATE
(Signature, typed or printed Name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	SCOTT, DARYLE V	1.2 NAME		
STREET ADDRESS	13683 LITTLE HARBOR CT N	1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP		
TITLE	STD	2.1 TITLE		☐ Change ☐ Addition
NAME	SCOTT, JODI L.	2.2 NAME		
STREET ADDRESS	13840 FOUR WINDS CT	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	HILLEGASS, WILLIAM	3.2 NAME		
STREET ADDRESS	428 N 3RD ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BCH FL	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE		☑ Change ☐ Addition
NAME	WALTON, FRANK E JR	4.2 NAME		
STREET ADDRESS	~~8568 GOLDENEYE~~	4.3 STREET ADDRESS	4035 Alesbury Dr	
CITY-ST-ZIP	~~JACKSONVILLE FL~~	4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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 an address.

SIGNATURE: Darryl W. Scott, President 1/16/95 904-645-6000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0024448 CP