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**Jan 23 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # F94000003335 (6)

1. Corporation Name
WG APPAREL, INC.



Principal Place of Business Mailing Address
**900 MILK STREET
CARTERET NJ 07008** **900 MILK STREET
CARTERET NJ 07008-1117**

3. Date Incorporated or Qualified **06/24/1994** 3a. Date of Last Report **02/14/1996**
4. FEI Number **22-3308458** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MACKEY, RICHARD	
STREET ADDRESS	900 MILK STREET	
CITY - ST - ZIP	CARTERET NJ 07008	
TITLE	CEOC	<input type="checkbox"/> DELETE
NAME	ZIEGLER, JOHN K	
STREET ADDRESS	900 MILK STREET	
CITY - ST - ZIP	CARTERET NJ 07008	
TITLE	VCFO	<input type="checkbox"/> DELETE
NAME	ZIEGLER, JOHN K JR	
STREET ADDRESS	900 MILK STREET	
CITY - ST - ZIP	CARTERET NJ 07008	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KIERAN, MARYANNE	
STREET ADDRESS	900 MILK STREET	
CITY - ST - ZIP	CARTERET NJ 07008	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLASKY, JACK	
STREET ADDRESS	900 MILK STREET	
CITY - ST - ZIP	CARTERET NJ 07008	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALSH, TED	
STREET ADDRESS	900 MILK STREET	
CITY - ST - ZIP	CARTERET NJ 07008	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MAXWELL L TRIPP	
1.3 STREET ADDRESS	3900 GREEN INDUSTRIAL WAY	
1.4 CITY - ST - ZIP	ATLANTA GA 30361	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. 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 an address.

SIGNATURE: _____ DATE: **1/20/97** Day:me Phone # _____

CR2E034 (9/96)