

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **F94000003437 (0)**  
1. Corporation Name  
**STEVENS SPORTWEAR COMPANY, INC.**

Principal Place of Business      Mailing Address  
**PO BOX 557  
TAYLORSVILLE MS 39168**      **PO BOX 557  
TAYLORSVILLE MS 39168**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**06/30/1994**

2. Principal Place of Business      2a. Mailing Address

21	<b>2001 N. ELLIS ROAD</b>	26	<b>2001 N. ELLIS ROAD</b>
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	<b>JACKSONVILLE, Florida</b>	28	<b>JACKSONVILLE, Florida</b>
24	Zip <b>32254</b>	29	Zip <b>32254</b>
25	Country <b>DUVAL</b>	30	Country <b>DUVAL</b>

4. FEI Number      Applied For  
**64-0431289**      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  
**FEINBERG, GARY  
34145 PRAIRIE VIEW AVE  
MIAMI FL 33140**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 reappointing

12. OFFICERS AND DIRECTORS

TITLE	<b>CT</b>
NAME	<b>FEINBERG, HOWARD N</b>
STREET ADDRESS	<b>3091 MIRO DR N.</b>
CITY - ST - ZIP	<b>PALM BEACH GARDENS FL 33410</b>
TITLE	<b>PD</b>
NAME	<b>FEINBERG, JAMES</b>
STREET ADDRESS	<b>34145 PRAIRIE VIEW AVE</b>
CITY - ST - ZIP	<b>MIAMI FL 33140</b>
TITLE	<b>D</b>
NAME	<b>FEINBERG, GARY</b>
STREET ADDRESS	<b>34145 PRAIRIE VIEW AVE</b>
CITY - ST - ZIP	<b>MIAMI FL 33140</b>
TITLE	<b>V</b>
NAME	<b>BEARDSHALL, ELMER</b>
STREET ADDRESS	<b>PO BOX 557</b>
CITY - ST - ZIP	<b>TAYLORSVILLE MS 39168</b>
TITLE	<b>S</b>
NAME	<b>SILVER, SUMNER</b>
STREET ADDRESS	<b>340 MAIN ST, SUITE 900</b>
CITY - ST - ZIP	<b>WORCESTER MA 01608</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>Johnson, Richard</b>
43 STREET ADDRESS	<b>11247 San Jose Blvd., # 215</b>
44 CITY - ST - ZIP	<b>Jacksonville, Florida 32223</b>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 110.07(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 registered 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 in an attachment, with an address.

SIGNATURE: \_\_\_\_\_ DATE: **7/6/95**      **901-785-6333**  
Signature: typed or printed name of signing officer or director      Date: Day/Month/Year