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Apr 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H00594

(2)

1. Corporation Name
ISLANDER SPORTSWEAR, INC.

Principal Place of Business
15881 CHIEF COURT
FT. MYERS FL 33912-2262

Mailing Address
15881 CHIEF COURT
FT. MYERS FL 33912-2262



2. Principal Place of Business

21 Suite, Apt. #, etc.
16145 Old US 41 Rd.

22 City & State
Ft. Myers, FL

23 Zip Country
33912

2a. Mailing Address

26 Suite, Apt. #, etc.
16145 Old US 41 Rd.

27 City & State
Ft. Myers, FL

28 Zip Country
33912

3. Date Incorporated or Qualified
04/25/1984

3a. Date of Last Report
04/24/1996

4. FEI Number

59-2405515

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

SHIVELEY, MARCUS H.
15881 CHIEF CT
FORT MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name DOT Sorenson

82 Street Address (P.O. Box Number is Not Acceptable)
16145 Old US 41 Rd.

83 City
Ft. Myers, FL

84 Zip Code
Ft. Myers FL 33912

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME SHIVELEY, MARCUS L
STREET ADDRESS 10824 TEA OLIVE LANE
CITY - ST - ZIP BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D
1.2 NAME Bobby H. Turner
1.3 STREET ADDRESS P.O. Box 102010
1.4 CITY - ST - ZIP Bowling Green, KY 42102

2.1 TITLE S/T/D
2.2 NAME Mel Goodman
2.3 STREET ADDRESS 6410 Country Rd. #250
2.4 CITY - ST - ZIP Durango, CO. 81301

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)