## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 14 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J84723

(2)

APPAREL RESOURCES INCORPORATED

| Principal Piac                               | e of Business  | Mailing Address                                   |                |          |                      | 3 SWATTING BLOT SOLET BORIT HARIN COARD COLD BLOKET BIDIT ATOLI OLDIT BIDIT ATOLI COR |  |                           |                             |
|--|--|---|----------------|----------|----------------------|---|--|---------------------------|-----------------------------|
| 986 BREEZEMONT COURT<br>PORT ORANGE FL 32127 |  | 986 BREEZEMONT COURT<br>PORT ORANGE FL 32127-7900 |                |          |                      |   |  |                           |                             |
|  |  |   |                |          |                      | 3. Date Incorporated or Qualified 07/28/1987  |  | e of Last R<br>9/1996     | eport                       |
| 2. Principal P                               | lace of Business   | 2a. Mailing Address<br>26                         |                |          |                      | 4, FEI Number<br>59-2864204   |  | ***********               | oplied For<br>of Applicable |
| Suite, Apt.                                  | #, etc.  | Suite, Apt #, etc.                                |                |          |                      | 5. Certificate of Status Desired  |  | \$8.75<br>Fee Re          | Additional<br>equired       |
| City & Stat                                  | e  | Crty & State                                      |                |          |                      | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees    |  |                           |                             |
| Zip  | Country Žip  |   |                | intry    |                      | 8. This corporation has liability for intangible tax under s. 199.032,                |  |                           |                             |
| 25 29  |  |   | 30             |          |                      | Florida Statutes X Yes No   |  |                           |                             |
|  | 9, Name and Address of Curren  | t Registered Agent                                |                | 81       | Name                 | 10. Name and Address of New Reg   | istered A                              | gent                      |                             |
|  | IB, KENNETH A., JR   |   |                | *'       | name                 | •   |  |                           |                             |
|  | BREEZEMONT COURT<br>RT ORANGE FL 32127   |   |                | 82       | Street Addre         | ess (P.O. Box Number is Not Acceptable  | e)                                     |                           |                             |
| PUP  | II ORANGE PL 32121   |   |                | 83       |                      |   | ······································ | <del></del>               |                             |
|  |  |   |                | 84       | City                 |   | FL                                     | <b>85</b> Zip             | Code                        |
| office or i                                  | to the provisions of Sections 607 0500<br>registered agent, or both, in the State<br>rm familiar with, and accept the obliga | of Florida, Such change was                       | authorize      | d by     | the corporati        | oration submits this statement for the pu<br>on's board of directors. I hereby accept | rpose of                               | changing it<br>intment as | ts registered<br>registered |
| SIGNATURE                                    | Signature, typed or pricted name of registered age   | nt and tipe it applicable (NC                     | OTE: Registere | d Ape    | nt signature require | ed when reinstating)  | DATE                                   |                           |                             |
| 12.  | OFFICERS AND   |   | 13.            |          |                      | ADDITIONS/CHANGES TO OFFICE   | ERS AND                                | DIRECTOR                  | RS IN 12                    |
| TILE   | D  | ☐ DELETE  | 1,1 (          | ITLE     |                      |   |  | Change                    | Addition                    |
| NAME   | LAMB, KENNETH A., JR   |   | 1.2 N          | AME      |                      |   |  |                           |                             |
| STREET ADORESS                               | 986 BREEZEMONT COURT   |   | 1.3 S          | TREET    | ADDRESS              |   |  |                           |                             |
| CITY - ST-ZIF                                | PORT ORANGE FL   |   |                | łTY-\$   | T - ZIP              |   |  |                           |                             |
| TITLE  |  | DELETE  | 2,1 TI         |          | }                    |   | ı                                      | Change                    | Addition                    |
| NAME   |  |   | 2.2 N          |          |                      |   |  |                           |                             |
| STREET ADDRESS                               |  |   |                |          | ADDRESS              | $oldsymbol{w}$  |  |                           |                             |
| C TY - ST - ZIP                              |  | DELETE  | 2. 4 C         |          | ST-21P               |   |  | Change                    | Addition                    |
| TOLE<br>Securi                               |  | ב טננכונ  | 3.1 N          |          |                      |   |  | Unanys                    | L Yourson                   |
| nave<br>Street address                       |  |   |                |          | ADDRESS              |   |  |                           |                             |
| CITY - ST - ZIP                              |  |   |                |          | T-ZIP                |   |  |                           |                             |
| TILE   |  | DELETE  | 411            |          |                      |   |  | Change                    | Addition                    |
| NAME   |  |   | 4 2 1          | NAME     |                      |   |  |                           |                             |
| STREET ADDRESS                               |  |   | 4.3 \$         | TREET    | ADDRESS              |   |  |                           |                             |
| CITY-ST-7/2                                  |  |   | 4.4 C          | tTY-S    | T-ZIP                |   |  |                           |                             |
| TITLE  |  | ☐ DELETE  | 5.1 7          | ITLE     |                      |   |  | Change                    | Addition                    |
| NAME   |  |   | 5.2 N          | AME      |                      |   |  |                           |                             |
| STREET ADDRESS                               |  |   | 5.3 S          | TREET    | ADDRESS              |   |  |                           |                             |
| C(1Y-S1-2)P                                  |  |   | 5.4 C          | ITY - \$ | T-ZIP                |   |  |                           |                             |
| Title  | ·  | ☐ DELETE  | 6.1 1          |          | ĺ                    |   |  | Change                    | Addition Addition           |
| NAME   | 1  |   | 6.2 N          |          |                      |   |  |                           |                             |
| STREET ADDRESS                               |  |   | 6.3 S          | TREET    | AODRESS              |   |  |                           |                             |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR