

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 11 PM 3:39

DOCUMENT # **K42662**

(2)

1. Corporation Name

SAILFISH CLOTHING, INC.

Principal Place of Business

**183 ACACIA TRAIL
JENSEN BEACH FL 34957**

Mailing Address

**183 ACACIA TRAIL
JENSEN BEACH FL 34957**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10/31/1988

3a. Date of Last Report
04/07/1994

2. Principal Place of Business

21 **2248 River Park Circle**

2a. Mailing Address

26 **2248 River Park Cir.**

4. FEI Number
65-0082503

Applied For
Not Applicable

Suite, Apt. #, etc.

22 **# 622**

Suite, Apt. #, etc.

27 **# 622**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

23 **Orlando FL**

City & State

28 **Orlando FL**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

24 **32817**

Country

25 **USA**

Zip

29 **32817**

Country

30 **USA**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**STENGER, KAREN
183 ACACIA TRAIL
JENSEN BEACH FL 34957**

10. Name and Address of New Registered Agent

81 Name **Karen Stenger, Karen**
82 Street Address (P.O. Box Number is Not Acceptable)
2248 River Park Circle
83 **# 622**
84 City **Orlando** 85 State **FL** 86 Zip Code **32817**

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 reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE **PVTD**
NAME **STENGER, KAREN**
STREET ADDRESS **183 ACACIA TRAIL**
CITY, ST, ZIP **JENSEN BEACH FL 34957**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **PVTD** ☒ Change ☐ Addition
12 NAME **STENGER, KAREN**
13 STREET ADDRESS **2248 RIVER PARK CIRCLE #622**
14 CITY, ST, ZIP **ORLANDO, FL 32817**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE ☐ Change ☐ 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)(b), Florida Statutes. I further certify that the information included 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 this corporation or the receiver or trustee empowered to execute the 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:

Karen Stenger
Signature and typed or printed name of signing officer or director

4/06/95 **407-380-5380**
Date Telephone #