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Apr 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 # K77148 (0)

1. Corporation Name
SWAGO-T-SHIRTS, INC.

Principal Place of Business
232 N.E. 33 STREET
FORT LAUDERDALE FL 33334

Mailing Address
232 N.E. 33 STREET
FORT LAUDERDALE FL 33334-1144



3. Date Incorporated or Qualified 04/03/1989
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

4. FEI Number 65-0100130
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

SCHATZMAN, ARNOLD D., ESQ.
SCHATZMAN & SHUPACK, P.A.
100 S.E. 2 STREET, SUITE 2250
MAIMI FL 33131-2125

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 SCHATZMAN & SHUPACK, P.A.
84 9200 S.W. DADELAND BLVD SUITE 700
MIAMI, FL 33156

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	LIEBERBAUM, JONATHAN I.	1.2 NAME	LIEBERBAUM, JONATHAN I.
STREET ADDRESS	1390 OCEAN DRIVE	1.3 STREET ADDRESS	121 E 3 COURT
CITY - ST - ZIP	MIAMI BEACH FL	1.4 CITY - ST - ZIP	MIAMI BEACH, FL 33139
TITLE	STD	2.1 TITLE	STD
NAME	CONCORS, KIMBERLEY	2.2 NAME	LIEBERBAUM, Kimberley
STREET ADDRESS	1390 OCEAN DRIVE	2.3 STREET ADDRESS	121 E 3 COURT
CITY - ST - ZIP	MIAMI BEACH FL	2.4 CITY - ST - ZIP	MIAMI BEACH, FL 33139
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 in 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] 3/20/97 954-563-8850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)