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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K95238

(7)

APPAREL HOLDINGS, INC.

Princinal	Place	of Bi	icina	e e

Mailing Address

512 S. AUDUBON ST. TAMPA FL 33609 PO BOX 18105 TAMPA FL 33679-8105

FILED Feb 07 1997 8:00am Secretary of State



								3. Date Incorporated or Qualified 06/14/1989	3a. Dat 04/0			port
2. Principal	l Place of Busines	s	2a. Mailing	g Address				4. FEI Number	*		Apr	olied For
21			26					59-2955572			Not	Applicable
Suite, Ap	ot. #, etc.		Suite,	Apt. #, etc.				5. Certificate of Status Desired		•		dditional
22		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	27					T. Contribute of Glades position	<u> </u>	F	ee Rec	periup
City & Sta	tate		City &	State				6. Election Campaign Financing	_	\$5	.00	May Be
23	· · · · · · · · · · · · · · · · · · ·		28		·			Trust Fund Contribution				Fees
Zip		Country	Zip		Cou	ntry		8. This corporation has liability for i			der s.	199.032,
24	25 0 Name on		29		30				Yes [
		d Address of Curre	ni Registerea A	gent		81	Name	10. Name and Address of New Re	gistered A	gent		
	OTT, JESSICA					٠' ا	Name					
512 S. AUDUBON ST.						82 Street Address (P.O. Box Number is Not Acceptable)						
TA	MPA FL 33609											
						83						
					ŀ	84	City	***************************************		85	Zip C	ode
							•		FL		·	
office or agent 1	Lani familiar with,	I, or both, in the State and accept the oblig	e of Florida. Sucl gations of, Section	n change was a in 607.0505, Fid	authorized orida Stat	d by tutes	the corporati	oration submits this statement for the p ion's board of directors. I hereby accep	of the appo	intme	nt as r	egistered
SIGNATIONS		ponted name of registered as	gent and title if applicat	ele (NOT	E. Registered	d Age	nt signature require	ed when reinstating)	DATE			
12.		OF LICERS AN	ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRE	CTORS	5 IN 12
TITLE	DPS			DELETE	1.1 10	TLE				Ch	ange	Addition
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STREET ADDRESS	s 5444 Pione	er PK BLVD			1.3 ST	REET	ADDRESS					
CITY-ST ZIP	TAMPA FL				1.4 CI	TY-S	T-ZIP					
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19. To disease delity that the information supplied with this filling does not quality for the exhibition indicated in Section 19.0 (3)), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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

1-31-97 813-876-0300