

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L28608** (2)

1. Corporation Name

OCEAN APPAREL INC.



Principal Place of Business

**4921 SOUTH LOIS AVE.
TAMPA FL 33611**

Mailing Address

**4921 SOUTH LOIS AVE.
TAMPA FL 33611**

3. Date Incorporated or Qualified

11/08/1989

3a. Date of Last Report

02/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

58-1876383

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

22

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85

Zip Code

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 the applicable

(NOTE: Registered Agent signature required when incorporating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
DEUTSCH, MURRAY B.**
STREET ADDRESS **767 BUTTERNUT DRIVE**
CITY - ST - ZIP **FRANKLIN LAKES NJ**

TITLE ☐ DELETE

NAME **CD
MILLER, MARTIN H.**
STREET ADDRESS **BAXTER-350 5TH AVENUE**
CITY - ST - ZIP **NEW YORK NY**

TITLE ☐ DELETE

NAME **V
GROSS, THOMAS**
STREET ADDRESS **1217 ROXMERE STREET**
CITY - ST - ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11.1 TITLE
12. NAME
13. STREET ADDRESS
14. CITY - ST - ZIP

☐ Change ☐ Addition

21.1 TITLE
22. NAME
23. STREET ADDRESS
24. CITY - ST - ZIP

☐ Change ☐ Addition

31.1 TITLE
32. NAME
33. STREET ADDRESS
34. CITY - ST - ZIP

☐ Change ☐ Addition

41.1 TITLE
42. NAME
43. STREET ADDRESS
44. CITY - ST - ZIP

☐ Change ☐ Addition

51.1 TITLE
52. NAME
53. STREET ADDRESS
54. CITY - ST - ZIP

☐ Change ☐ Addition

61.1 TITLE
62. NAME
63. STREET ADDRESS
64. CITY - ST - ZIP

200001829432

-05/20/96--01048--007

*****208.75**

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 119.07(3)(k), 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

4-28-96 813-835-5355
SG 5-1-96

CR2E034 (12/95)