

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

99 SEP 27 PM 3:56

DOCUMENT # L28608

1. Corporation Name

Ocean Apparel Inc.

Principal Place of Business

4921 South Lois Avenue Tampa, FL 33611

Mailing Address

4921 South Lois Avenue Tampa, FL 33611

06-10-99 90047 038 \$61.25

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/08/89

|    |                                |                     |   |   |
|----|--------------------------------|---------------------|---|---|
| 21 | 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number   | Applied For   |
|    | Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 58-1876383  | Not Applicable  |
| 22 | City & State                   | City & State        | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required                                      |
|    |                                |                     | <input type="checkbox"/>  |   |
| 23 | Zip                            | Zip                 | 6. Election Campaign Financing Trust Fund Contribution                      | \$5.00 May Be Added to Fees   |
|    | Country                        | Country             | <input type="checkbox"/>  |   |
| 24 |                                |                     | 8. This corporation owes the current year Intangible Personal Property Tax. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

The Prentice-Hall Corporation System  
1201 Hays Street  
Suite 105  
Tallahassee, FL 32301

10. Name and Address of New Registered Agent

|    |  |                                 |
|----|--|---------------------------------|
| 81 | Name   | Charles F. Ketchey, Jr.         |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | c/o Ketchey Horan, P.A.         |
| 83 |  | 100 N. Tampa Street, Suite 1900 |
| 84 | City   | Tampa FL 33602                  |

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]* DATE: April 12, 1999

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-------------------------------------|---|--|
| TITLE                      | P/D <input type="checkbox"/> DELETE | 1.1 TITLE   | P/I/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME                       | Deutsch, Murray F.                  | 1.2 NAME  | Deutsch, Murray F.   |
| STREET ADDRESS             | 767 Butternut Drive                 | 1.3 STREET ADDRESS                                    | 767 Butternut Drive  |
| CITY-ST-ZIP                | Franklin Lakes, NJ 07417            | 1.4 CITY-ST-ZIP                                       | Franklin Lakes, NJ 07417   |
| TITLE                      | V <input type="checkbox"/> DELETE   | 2.1 TITLE   | V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| NAME                       | Gross, Thomas                       | 2.2 NAME  | Gross, Thomas  |
| STREET ADDRESS             | 1217 Roxmere Street                 | 2.3 STREET ADDRESS                                    | 1217 Roxmere Street  |
| CITY-ST-ZIP                | Tampa, FL 33609                     | 2.4 CITY-ST-ZIP                                       | Tampa, FL 33609  |
| TITLE                      | CFO <input type="checkbox"/> DELETE | 3.1 TITLE   | V / CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Schwartz, Michael A.                | 3.2 NAME  | Schwartz, Michael A.   |
| STREET ADDRESS             | 6331 Nikki Lane                     | 3.3 STREET ADDRESS                                    | 6331 Nikki Lane  |
| CITY-ST-ZIP                | Tampa, FL 33625                     | 3.4 CITY-ST-ZIP                                       | Tampa, FL 33625  |
| TITLE                      | <input type="checkbox"/> DELETE     | 4.1 TITLE   | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| NAME                       |                                     | 4.2 NAME  | Lavin, Rebecca   |
| STREET ADDRESS             |                                     | 4.3 STREET ADDRESS                                    | 1605 W. Richardson   |
| CITY-ST-ZIP                |                                     | 4.4 CITY-ST-ZIP                                       | Tampa, FL 33606  |
| TITLE                      | <input type="checkbox"/> DELETE     | 5.1 TITLE   | S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| NAME                       |                                     | 5.2 NAME  | Deutsch, Maxine  |
| STREET ADDRESS             |                                     | 5.3 STREET ADDRESS                                    | 767 Butternut Drive  |
| CITY-ST-ZIP                |                                     | 5.4 CITY-ST-ZIP                                       | Franklin Lakes, NJ 07417   |
| TITLE                      | <input type="checkbox"/> DELETE     | 6.1 TITLE   | S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| NAME                       |                                     | 6.2 NAME  | Gross, Suzanne   |
| STREET ADDRESS             |                                     | 6.3 STREET ADDRESS                                    | 1217 Roxmere Street  |
| CITY-ST-ZIP                |                                     | 6.4 CITY-ST-ZIP                                       | Tampa, FL 33609  |

14. I 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, with all other like empowered.

SIGNATURE: *Michael A. Schwartz* DATE: April 13, 1999 (813) 835-5355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MICHAEL A. SCHWARTZ V D

Date Daytime Phone #