

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # L28608

1. Entity Name
OCEAN APPAREL INC.



Principal Place of Business
**4921 SOUTH LOIS AVE.
TAMPA, FL 33611**

Mailing Address
**4921 SOUTH LOIS AVE.
TAMPA, FL 33611**



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1876383

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KETCHEY, CHARLES F JR
C/O AKERMAN, SENTERFIRT & EIDSON, PA
100 SOUTH ASHLEY DRIVE, SUITE 1500
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000072965
03/02/04-80015-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD DEUTSCH, MURRAY F 188 N SHORE RD NEW PRESTON MARBLE D, CT 06777
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GROSS, THOMAS 1217 ROXMERE STREET TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCFO SCHWARTZ, MICHAEL A 6331 NIKKI LANE TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DEUTSCH, MAXINE 767 BUTTERNUT DRIVE FRANKLIN LAKES, NJ 07417
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GROSS, SUZANNE 1217 ROXMERE STREET TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

Michael A. Schwartz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/04
Date

813 835 5355
Daytime Phone #

Michael A. Schwartz