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95 MAY -1 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # L37280
1. Corporation Name Southern Wardrobe Company

Principal Place of Business Mailing Address

12100 N.E. 16th Ave.
N. Miami, Florida 33161
Whse 3

Jame

3. Date Incorporated or Qualified 12-15-89
3a. Date of Last Report 6/94

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For Not Applicable
21 12100 N.E. 16 th Ave.	26 12100 N.E. 16 th Ave.	65-0346610	
22 Suite, Apt. #, etc 12100 N.E. 16 th Ave.	27 Suite, Apt. #, etc Whse 3	5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
23 City & State N. Miami, Fl.	28 City & State N. Miami, Fl.	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24 Zip 33161	25 Country USA	29 Zip 33161	30 Country USA
8. The corporation has liability for intangible tax under S. 199 (32) Florida Statutes ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Paul I. Robinson, Esq.
1590 N.E. 162 St. Suite 200
N. Miami, Fl. 33162

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

31. 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

(a)(11) Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	11 TITLE	☐ Change	☐ Addition
NAME	12 NAME		
STREET ADDRESS	13 STREET ADDRESS		
CITY - ST - ZIP	14 CITY - ST - ZIP	☐ Change	☐ Addition
TITLE	21 TITLE		
NAME	22 NAME		
STREET ADDRESS	23 STREET ADDRESS		
CITY - ST - ZIP	24 CITY - ST - ZIP	☐ Change	☐ Addition
TITLE	31 TITLE		
NAME	32 NAME		
STREET ADDRESS	33 STREET ADDRESS		
CITY - ST - ZIP	34 CITY - ST - ZIP	☐ Change	☐ Addition
TITLE	41 TITLE		
NAME	42 NAME		
STREET ADDRESS	43 STREET ADDRESS		
CITY - ST - ZIP	44 CITY - ST - ZIP	☐ Change	☐ Addition
TITLE	51 TITLE		
NAME	52 NAME		
STREET ADDRESS	53 STREET ADDRESS		
CITY - ST - ZIP	54 CITY - ST - ZIP	☐ Change	☐ Addition
TITLE	61 TITLE		
NAME	62 NAME		
STREET ADDRESS	63 STREET ADDRESS		
CITY - ST - ZIP	64 CITY - ST - ZIP	☐ Change	☐ Addition

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 110 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE: Sherri Weiss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 891-9316
Date Captain/Notary