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**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L56195

(5)

EXECUTIVE APPAREL SUPPLY CORP.

## **FILED** Mar 25 1998 8:00am Secretary of State



| Sulto Apt #, etc   Sulto Apt #   | Principal Place                               | e of Business  |  | Ma                                     | alling Address   |  |   |                                    | 1  |  |                                   |  |
|--|---|--|--|--|--|--|---|------------------------------------|--|--|-----------------------------------|--|
| 2. Principal Place of Business   Sa. Multing Address   Sa. Multing |   |  |  |  |  |  |   |                                    |  |  |                                   |  |
| 2. Pincipal Place of Business   2a. Mairing Addriess   2b. Mairing Addriess   2b. Elm Avenue   2b. Stellar Avenue  | HILLSBORO N                                   | H 03244  |  | Н                                      | LLSBORO NH 032   | N44                                    |   |                                    | DO NOT WRITE IN TH   | IIS SPACE                                      |                                   |  |
| 2. Principal Place of Bedrinass   2a. Mailling Addrices   5. Elm Avenue   5. Certificate of Status Desired   Applicate of Status Paris   Status Applicate   Status Ap |   |  |  |  |  |  |   |                                    |  | 15 ST AGE                                      |                                   |  |
| 15 Elm Avenue  |   |  |  |  |  |  |   |                                    |  |  |                                   |  |
| Sulfa, Apt. 4, etc.    Sulfa, Apt. 4, etc.   | 2. Principal Place of Business                |  |  |  | 2a. Mailing Address  |  |   |                                    |  |  | Applied For                       |  |
| City & State    City & State   City & |   |  | 26   |  |  |  |   | 65-0212761                         |  | Not Applicable                                 |                                   |  |
| City & State  2  |   | #, etc.  |  | 27                                     | hen i  |  |   |                                    | 5. Certificate of Status Desired   |  | -                                 |  |
| Antrain, NE 03440  | City & State                                  |  | 1=:3-  | City & State                           |  |  |   | 6. Election Campaign Financing     | \$5.0  | 10 May Be                                      |                                   |  |
| Zip  | 23 Ant  | trim, Ni   | 1 03440  | 28                                     | 28 Antrim, NH 03440  |  |   |                                    |  |  |                                   |  |
| S. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   KANZGER, ROBERT A. 401 SW 87TH AVE SUTE 200   82 Street Address (P.O. Box Number is Not Acceptable)   83   84 City   FL   85 Zip Code   87 City   84 City   FL   85 Zip Code   87 City   84   | Zip   |  |  |  |  |  | Countr  | y                                  |  |  |                                   |  |
| KANZIGER, ROBERT A. 940 I SW 87TH AVE SUTE 200 MIAMI FL 33173  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutos. The variety of Company of Com | 24 034  | [20] 55110   |  |  |  |  |   | <b>\</b>                           |  |  |                                   |  |
| Add ISW 87TH AVE SUITE 200 MIXMI FL 33173  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 agent, or both, in the State of Florida Suitures, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the originations of, Section 07,005, Florida Statutes  SIGNATURE  12.  OFFICERS AND DIRECTIORS  13.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTIORS  14. MILLER, CHARMAINE E WASHINGTON RD 321-RD2 HILLSBORO NH  DELETE  11. TITLE  MILLER, STAN E WASHINGTON RD 321-RD2 HILLSBORO NH  DELETE  12. ITITLE  13. STREET ADDRESS  14. CITY-ST-2P  MILLER, CHARMAINE E WASHINGTON RD 321-RD2 HILLSBORO NH  DELETE  13. STREET ADDRESS  14. CITY-ST-2P  MILLER, CHARMAINE E WASHINGTON RD 321-RD2 HILLSBORO NH  DELETE  14. TITLE  15. TITLE  16. Change Addition  The Colores Addition  16. STREET ADDRESS  CITY-ST-2P  THE  17. ST-2P  THE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIORS IN 12.  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Addition  Change Addition  Addition  Change Addition  C |   |  |  | nt Regisi                              |  |  |   | <del>,</del>                       | 10. Name and Address of New Registered Agent   |  |                                   |  |
| SUITE 200 MIAMI PL 33173  84 City  |   |  |  |  |  |  | 81  | Name                               |  |  |                                   |  |
| ## DELETE    |   |  |  |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |                                    |  |  |                                   |  |
| 11. Pursuant to the provisions of Socions 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits his statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida Statutes agent. I am familiar with, and accept the obligations of, Socion 607,605, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITIE  DEETE  11 TIME  DEETE  11 TIME  DELETE  12 MME  SIRRET ADDRESS  CITY-ST-2P  MILLER, CHARMAINE  E WASHINGTON RD 321 RD2  HILLSBORO NH  DELETE  13 STREET ADDRESS  CITY-ST-2P  MILLER, STAN  E WASHINGTON RD 321 RD2  HILLSBORO NH  DELETE  3 1 TIME  3 2 MME  3 3 STREET ADDRESS  CITY-ST-2P  TIME  DELETE  4 1 TIME  DELETE  5 1 TIME  Addition  Addition  NAME  STREET ADDRESS  CITY-ST-2P  TIME  DELETE  5 1 TIME  DELETE  5 1 TIME  DELETE  5 1 TIME  Change Addition  Addition  Addition  Addition  Addition  STREET ADDRESS  CITY-ST-2P  TIME  DELETE  5 1 TIME  DELETE  1  |   |  |  |  |  |  |   |                                    |  |  |                                   |  |
| 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I heraby accept the appointment as registered agent, and familiar with, and accept the obligations of, Soction 607,0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. AD | MIA   | MI FL 33173  | 3  |  |  |  | 83  | ·                                  |  |  |                                   |  |
| 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I heraby accept the appointment as registered agent, and familiar with, and accept the obligations of, Soction 607,0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. AD |   |  |  |  |  |  | 84  | City                               |  | . 85 Z   | in Code                           |  |
| 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 and manual manua |   |  |  |  |  |  |   |                                    | F  | <u>'L                                     </u> |                                   |  |
| SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE D DIRECTORS 11.1 THE DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE D DIRECTORS 11.1 THE DIRECTORS 11.1 THE DIRECTORS IN 12.1 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO THE TOP OFFICERS AND DIRECTORS TO THE OFFICERS AND DIR | 11. Pursuant t<br>office or re<br>agent. I ar | to the provisio<br>egistered agei<br>m familiar with | ns of Sections 607.056<br>nt, or both, in the State<br>i, and accept the oblic | 02 and 60<br>e of Florid<br>actions of | 07.1508, Florida S<br>la. Such change<br>. Section 607.050 | Statutes, t<br>was autho<br>5, Florida | he abov<br>orized b<br>a Statute                      | re-named co<br>y the corpor<br>is. | orporation submits this statement for the purpose ration's board of directors. I hereby accept the a | of changing oppointment                        | g its registered<br>as registered |  |
| TILLE    DELETE   DELETE   DELETE   STANDE   DELETE   STREET ADDRESS   STR | SIGNATURE                                     |  |  |  |  |  |   |                                    |  |  |                                   |  |
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| TITLE MAKE MILLER, STAN  |   | HILLSBOF   | RO NH  |  |  | ı                                      |   | 1                                  |  |  |                                   |  |
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| STREET ADDRESS CITY-ST-ZIP HILLSBORO NH    DELETE   DELETE   STITULE   Change   Addition   | NAME  | MILLER, S  | STAN   |  |  |  | 2.2 NAME  |                                    |  |  |                                   |  |
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| STREET ADDRESS  CITY-ST-ZIP  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 appulate port or supplemental appulate port is true and accurate and that my signature shall have the same legal effect as if made under only that I am an  | TITLE   |  |  |  | DELETE   |  | 6.1 TITLE   |                                    |  | Chang  | e Addition                        |  |
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| 14. Thereby 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 applied on the same legal effect as if made under only that I am applied to the same legal effect as if made under only that I am applied to the same legal effect as if made under only that I am applied to the same legal effect as if made under only that I am applied to the same legal effect as if made under only that I am applied to the same legal effect as if made under only that I am applied to the same legal effect as if made under only that I am applied to the same legal effect as if made under only that I am applied to the same legal effect as if made under only that I am applied to the same legal effect as if made under only that I am applied to the same legal effect as if made under only that I am applied to the same legal effect as if made under only that I am applied to the same legal effect as if made under only that I am applied to the same legal effect as if made under only that I am applied to the same legal effect as if made under only that I am applied to the same legal effect as if made under only the same legal effect as if the same legal  | STREET ADDRESS                                |  |  |  |  | ı                                      | 6.3 STREE   | F ADDRESS                          |  |  |                                   |  |
| indicated on this appual report or supplemental appual report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an  | CITY-ST-ZIP                                   |  |  |  |  |  | 6.4 CITY-   | ST-ZIP                             |  |  |                                   |  |
| 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   | 14. I hereby co                               | ertify that the                                      | information supplied v   | ith this fi                            | ing does not qua   | lify for the                           | e exemp   | otion stated                       | in Section 119.07(3)(i), Florida Statutes. I further   | certify that t                                 | he information                    |  |
| Block 12 or Block 13 if changed or on an attachment with an address.   | officer or o<br>Block 12 o                    | director of the or <b>Blo</b> ck 13 if c             | corporation or the rec<br>changes, or on an atta                               | eiver or ti<br>chment v                | rustee empowere<br>vitt an address.                        | d to exec                              | e and this  | report as re                       | equired by Chapter 607, Florida Statutes; and the  | at my name a                                   | appears in                        |  |