

**FILE NOW: FILING FEE IS \$61.25-**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N14198 (8)**

1. Corporation Name

**UNITED STATES APPAREL INDUSTRY COUNCIL, INC.**



Principal Place of Business: **5200 BLUE LAGOON DR. STE 600 MIAMI FL 33126**  
Mailing Address: **5200 BLUE LAGOON DR. STE 600 MIAMI FL 33126**

3. Date incorporated or Qualified: **04/04/1986**  
3a. Date of Last Report: **03/27/1995**

2. Principal Place of Business (21-23) and Mailing Address (24-30) details including Suite, Apt. #, City & State, Zip, and Country.

4. FEI Number: **59-2701429**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **TRAVIS, THOMAS G. 5200 BLUE LAGOON DRIVE, STE 600 MIAMI FL 33126**  
10. Name and Address of New Registered Agent (81-85) details.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Official Registered Agent's signature required when not stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>VP</b>	<input type="checkbox"/> DELETE	1.1 TITLE: <b>VP/DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>KILGORE, JAMES</b>		1.2 NAME:	
STREET ADDRESS: <b>1155 BATTERY ST.</b>		1.3 STREET ADDRESS:	
CITY-ST-ZIP: <b>SAN FRANCISCO CA</b>		1.4 CITY-ST-ZIP:	
TITLE: <b>P</b>	<input type="checkbox"/> DELETE	2.1 TITLE: <b>P/DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>SCULLY, JAMES</b>		2.2 NAME:	
STREET ADDRESS: <b>6113 LEMMON AVE.</b>		2.3 STREET ADDRESS:	
CITY-ST-ZIP: <b>DALLAS TX</b>		2.4 CITY-ST-ZIP:	
TITLE: <b>D</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>OLWEEAN, RON</b>		3.2 NAME: <b>JERRY COOK</b>	
STREET ADDRESS: <b>450 HANES MILL ROAD</b>		3.3 STREET ADDRESS: <b>1000 E. HANES MILL ROAD</b>	
CITY-ST-ZIP: <b>WINSTON-SALEM NC 27105</b>		3.4 CITY-ST-ZIP: <b>WINSTON-SALEM, NC 27105</b>	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE: <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>MANO, HOWARD</b>		4.2 NAME: <b>DAVID GINN</b>	
STREET ADDRESS: <b>7905 W. 20TH AVE</b>		4.3 STREET ADDRESS: <b>222 PIEDMONT AVENUE N.E.</b>	
CITY-ST-ZIP: <b>HIALEAH FL</b>		4.4 CITY-ST-ZIP: <b>ATLANTA, GA 30308</b>	
TITLE: <b>D</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>ISAAC, BILL</b>		5.2 NAME:	
STREET ADDRESS: <b>60 SUNLAND PK. DR. BLDG.5, STE. 500</b>		5.3 STREET ADDRESS:	
CITY-ST-ZIP: <b>EL PASO TX 79912</b>		5.4 CITY-ST-ZIP:	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>ROWAN, ROBERT</b>		6.2 NAME:	
STREET ADDRESS: <b>335 CHURCH CT</b>		6.3 STREET ADDRESS:	
CITY-ST-ZIP: <b>GREENSBORO NC</b>		6.4 CITY-ST-ZIP:	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **FEB 17, 96 (214) 456 4295**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)