

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P00610

(6)

1. Corporation Name

JAEGER SPORTSWEAR LTD. CO.

Principal Place of Business

374 STARKE RD.
CARLSTADT NJ 07072

Mailing Address

374 STARKE RD.
CARLSTADT NJ 07072



3. Date Incorporated or Qualified

01/17/1984

3a. Date of Last Report

05/01/1995

4. FEI Number

13-6180691

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 193.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and Florida address

NOTE: Registered Agent's signature required when first filing

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME MANNING, ROSS E
STREET ADDRESS 29855 HIDDENWOOD
CITY-ST-ZIP LAGUNA MIGUEL CA

TITLE VS ☐ DELETE
NAME GIBSON, SIDNEY J
STREET ADDRESS TRAVIS CORNERS RD
CITY-ST-ZIP GARRISON NY

TITLE T ☐ DELETE
NAME PRIZIOS, NICK
STREET ADDRESS 843 HUDSON AVE
CITY-ST-ZIP SECAUCUS NJ

TITLE AT ☐ DELETE
NAME HUGHES, BRYAN
STREET ADDRESS 510 GAFFIE RD
CITY-ST-ZIP HAWTHORNE NJ

TITLE D ☐ DELETE
NAME MOULDS, ADRIAN P
STREET ADDRESS 51 BROADWICK STR
CITY-ST-ZIP LONDON EN

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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

SIGNATURE:

Bryan B. Hughes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96
Date

24 939-2733
Daytime Phone #

CR2E034 (12/95)