


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P24912 (8)					
1. Corporation Name KANTOR BROS. NECKWEAR CO., INC.					
Principal Place of Business 575 E. 10TH AVENUE HIALEAH FL 33010			Mailing Address 575 E. 10TH AVENUE HIALEAH FL 33010-4639		



2. Principal Place of Business 21 405 E. 10TH CT. Suite, Apt. #, etc. 22 City & State 23 HIALEAH FL. Zip 24 33010		2a. Mailing Address 26 405 E. 10TH CT. Suite, Apt. #, etc. 27 City & State 28 HIALEAH FL. Zip 29 33010		3. Date Incorporated or Qualified 06/26/1989		3a. Date of Last Report 01/22/1996	
				4. FEI Number 11-1992622		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent KANTOR, THEODORE A. KANTOR BROS. NECKWEAR CO. INC. 575 E. 10TH AVE. HIALEAH FL 33010				10. Name and Address of New Registered Agent 81 Name KANTOR, THEODORE A. 82 Street Address (P.O. Box Number is Not Acceptable) KANTOR BROS NECKWEAR CO., INC. 83 405 E. 10TH CT. 84 City HIALEAH FL 85 33010			

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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	KANTOR, THEODORE A.	1.2 NAME	
STREET ADDRESS	2471 NW 63RD STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VD
NAME	KANTOR, JEFFREY	2.2 NAME	KANTOR, JEFFREY
STREET ADDRESS	138 W. 58TH STREET	2.3 STREET ADDRESS	4167 NW 60TH CIRCLE
CITY-ST-ZIP	NEW YORK NY 10022	2.4 CITY-ST-ZIP	BOCA RATON FL 33496
TITLE	SD	3.1 TITLE	
NAME	KANTOR, SCOTT	3.2 NAME	
STREET ADDRESS	12714 NW 18TH COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0116284

CR2E034 (9/96)