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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P30788

(4)

DOCUMENT # 1. Corporation Name

UNIFORMS MANUFACTURING, INC.

1200 S. PINE ISLAND ROAD

PLANTATION FL 33324

Principal Place of Business	Mailing Address				
908 FEATHERSTONE	938 FEATHERSTONE PONTIAC MI 48342				
PONTIAC MI 48342 US	US		3. Date Incorporated or Qualified 07/24/1990	3a. Date of Last Report 07/31/1995	
2. Principal Place of Business	2a. Mailing Address 26 P.O. BOX 43063		4. F£I Number 38-2198994	Applied For Not Applicable	
Suite, Apt #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State PONTIAC, MI	, , , , ,	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country	7(p Cour	 ry SA		s KX 40	
9. Name and Address of	Current Registered Agent	1 Name	10. Name and Address of New I	Registered Agent	
CT CORPORATION SYSTEM		2 Street Add	iress (P.O. Box Number is Not Accepta	hie)	

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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607,0505, Florida Statutes.

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City 84

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STREET ADDRESS			6.4 CiTY - ST - 7i2	rualify for the exemption state		offia Florida Ctat	des I further

do note by certify that the information supplied with the 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 arm integral effect as if made under certify that the information indicated on this arm integral effect as if made under certify that the information indicated on this arm integral effect as if made under certify that the information indicated on this arm integral effect as if made under certify that the information indicated on this arm indicated on this arm indicated on the same teppor as indicated on the same teppor as if 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), changed or on an attachment with an aridress

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(810)332-2700

Zip Code

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