

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 # **P93000028247 (3)**

1. Corporation Name
GOODMAN APPAREL, INC.



Principal Place of Business 23305 BOCA CHICA CIRCLE BOCA RATON FL 33433 743 NORTH TUXEDO AVE DELAND, FL 32724	Mailing Address 23305 BOCA CHICA CIRCLE BOCA RATON FL 33433 743 NORTH TUXEDO AVE DELAND, FL 32724
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3. Date Incorporated or Qualified 04/16/1993	3a. Date of Last Report 01/31/1995
4. FEI Number 65-0192091	Applied For <input type="checkbox"/> 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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
GOODMAN, KIM (ADDRESS CHANGE ONLY)
23305 BOCA CHICA CIRCLE
BOCA RATON FL 33433

10. Name and Address of New Registered Agent
81 Name
GOODMAN, KIM
82 Street Address (P.O. Box Number is Not Acceptable)
743 NORTH TUXEDO AVE
83
84 City
DELAND **FL** 85 Zip Code
32724

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 _____ DATE _____
Signature typed or printed (name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> DELETE
NAME	GOODMAN, DEAN
STREET ADDRESS	23305 BOCA CHICA CIR
CITY - ST - ZIP	BOCA RATON FL 33433
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD (ADDRESS CHANGE ONLY) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GOODMAN, DEAN
1.3 STREET ADDRESS	743 NORTH TUXEDO AVE
1.4 CITY - ST - ZIP	DELAND, FL 33433 32724
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, only as an attachment with an address.

SIGNATURE: DATE: **3/8/96** 904-736-1514
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (12/95)