FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90133 041 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OOLINACNIT 4

i. Corporation	NEN 1 # P93000 NIONAL APPAREL GROUP		70	ŧ				
IN CEDIMO	THOUSE AT TARGE GROOT			مسمن سندسسدر	. •			
Principal Place of Business Mailing Address					-		M THING BILLS IN I	16 11 15 11 1611
9212 NW 9TH PLACE PLANTATION FL 33324		9212 NW 9TH PLACE PLANTATION FL 33324				DO NOT WRITE IN THIS	S SPACE	
US		US				3. Date Incorporated or Qualifed 05/13/1993		
2. Principal Pl	lace of Business	2a. Maili	ing Address			4. FEI Number	Apr	plied For
21		26				65-0422866		t Applicable
Suite, Apt.	#, etc.	— ·	e, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27	0.00					
City & State	e <u>,</u> *	28	& State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip	Country	Zip		Country		8. This corporation owes the current year fr	ntangible	I No
24	9. Name and Address of Curre	29 29		30		Personal Property Tax. 10. Name and Address of New Registered		Aires
	9. Name and Address of Cure	iit vedistelen	Agent	81	Name	To. Heart die Add do de Heart Constitution		
AUBREY, EDWARD C JR				L_		Li (D.O. B Niverbas in Nick Accordable)		
7501 NW 4 STREET			82	Street A	ddress (P.O. Box Number is Not Acceptable)		٠	
	E 212A			83				-
PLANTATION FL 33317-2238				84	014		85 Zip C	`ode
				04	City	Fi	_ 63 Zip C	,00G
office or re agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Su	ich change was at	uthorized by	the corpor	corporation submits this statement for the purpose of ration's board of directors. I hereby accept the apport	of changing its pintment as reg	registered jistered
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applica	able. (NOTE:	Registered Ager	nt signature req	quired when reinstating) DATE		
12.	OFFICERS A	ND DIRECTOR		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	Ρ.		☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	AUBREY, EDWARD C. JR.			1.2 NAME				
STREET ADDRESS	9212 NW 9TH PL				TADDRESS			
CITY-ST-ZIP	PLANTATION FL		☐ DELETE	1.4 CITY-S 2.1 TITLE	T-ZIP		Change	Addition
TITLE			□ DELETE	li .		•	[] Onlange	
NAME:				2.2 NAME		•		
STREET ADDRESS				2.4 CITY-5	TADORESS			
CITY-ST-ZIP			□ DELETE	3.1 TITLE	SI-ZIP		. Change	Addition
NAME				3.2 NAME				•
STREET ADDRESS				3.3 STREE	T ADDRESS			
CITY-ST-ZIP				3.4, CITY-5	ST-ZIP	·		
TITLE	1		☐ DELETE	4.1 TITLE			Change	Addition
NAME				4. 2 NAME		•		
STREET ADDRESS	•,			4.3 STREE	T ADDRESS			
CITY-ST-ZIP				4.4 CITY-S	T-ZIP			
TITLE			☐ DELETE	5.1 TITLE		•	Change	☐ Addition
NAME				5.2 NAME		•		
STREET ADDRESS	· ·				T ADDRESS			
CITY-ST-ZIP			☐ DELETE	5.4 CITY-S 6.1 TITLE	1-215		Change	☐ Addition
TITLE			□ pereie	6.2 NAME			C) ounde	
NAME					TADDRESS			

14. I 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 coath; 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP



4/23/99

954-370-0664 Daytime Phone #