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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000054271 (0)

DESTIN SWIMWEAR CORPORATION

FILED Apr 08 1997 8:00am Secretary of State



Principal Plac 9539 HWY 98 DESTIN FL 325 US		Mailing Address 9539 HWY 98 DESTIN FL 32541 US			3. Date Incorporated or Qualified 3a. Date of Last Report	
				08/03/1993	04/19/1996	
_ ^~~	lace of Business	2a. Mailing Address	00111	4. FEI Number	Applied For	
<u>21</u> 953			<u> 18 Wes</u>	大 59-3183481	Not Applicable	
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	·	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
23 Zip	Country	28 	Country		for intengible tay under s. 199.032,	
24	25 1) culton	├ ─¬ ' -	30 W21h	Florida Statutes	Tays No	
<u> </u>	9. Name and Address of Current			10. Name and Address of New	545 7 1 =	
LEW	ns, martin		81 Name			
	·	1 Hwy 98 W.	82 Street A	ddress (P.O. Box Number is Not Accep	otable)	
DES	TIN FL 32541	11 1659 14 33	ļ. <u> </u>			
			63			
			84 City		85 Zip Code	
	100	1000 500 5				
office or r	registered agent, or both, in the State on familiar with, and accept the obligation	of Florida. Such change was as	uthorized by the corp	corporation submits this statement for the oration's board of directors. I hereby ac	cept the appointment as registered	
SIGNATURE	Signature, typed or photed hame of registered agen	Land him it applicable (NOTE	Registered Agent signature	remitted when reinstation)	DATE	
12.	OFFICERS AND		13.	<u>· </u>	FICERS AND DIRECTORS IN 12	
TiTLE	D	DELETE	1.1 TITLE	\overline{O}	Change Addition	
NAME	LEWIS, MARTIN		1.2 NAME	Lewis, Martin 9539 Hwy 98 W Dostin, FL 3254	_	
STHEET ADDRESS	5460-A HIGHWAY 98E		1.3 STREET ADDRESS	9539 Hwy 98 W	lest	
CITY - ST - ZIP	DESTIN FL 32541		1.4 CITY - ST - ZIP	Dostin, FL 3254	1.)	
TITLE		DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CHY-SI-ZIP			2. 4 CITY-ST-ZIP			
1111.6		L□ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADURESS			3.3 STREET ADDRESS			
CHY-St-ZiP		TT nevere	3.4. CITY+S1-ZIP		Channa Addition	
THEF		Liij delete	4.1 \$17LE		Change Addition	
NAME STORET MODBLES			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - S1 - 70P		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition	
NAME			5.2 NAME		the second of the second	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP			5.4 CITY-\$1-ZIP			
THILE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME		· · ·	
STREET ADORESS			6.3 STREET ADDRESS			
City-St Zir			6.4 CITY - ST - ZIP			
14 Lela herei	on ordifust hat the information supplied	with this filing loss not qualify		ated in Section 119 07(3Vi) Florida Sta	baton I further continue that the	

I do nereby certify that the information supplied with this filing/floes 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 chariged, or on an attachment with an address.

SIGNATURE: