

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martin
Secretary of State
CORPORATIONS & INDUSTRIES

APPROVED
AND
FILED

SATURDAY, MAY 13, 1995

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000075859 (7)

1. Corporation Name:

D.A. APPAREL, INC.

Physical Place of Business:

1113 ESTERO BLVD
SUITE 4
FT MYERS BEACH FL 33931

Mailing Address:

1113 ESTERO BLVD
SUITE 4
FT MYERS BEACH FL 33931

(DO NOT WRITE IN THIS SPACE)

3. Date of Incorporation or Organized: **10/25/1993** 3a. Date of Last Report: **08/17/1994**

4. FEIN Number: **65-0448550** Applied For
 Not Applicable

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under § 199.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:

**ABRAHAM, DORON
1113 ESTERO BLVD
SUITE 4
FT MYERS BEACH FL 33931**

81. Name: _____
82. Street Address (P.O. Box Number is Not Acceptable): _____
83. _____
84. City: **FL** 85. Zip Code: _____

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:

ABRAHAM, DORON

RECEIVED AND FILED PURSUANT TO THE PROVISIONS OF THE FLORIDA CORPORATION ACT

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAHAM, DORON	1. NAME	
STREET ADDRESS	1113 ESTERO BLVD SUITE 4	13. STREET ADDRESS	
CITY, ST., ZIP	FT MYERS BEACH FL 33931	14. CITY, ST., ZIP	
TITLE		2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST., ZIP		24. CITY, ST., ZIP	
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		13. STREET ADDRESS	
CITY, ST., ZIP		14. CITY, ST., ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		13. STREET ADDRESS	
CITY, ST., ZIP		14. CITY, ST., ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		13. STREET ADDRESS	
CITY, ST., ZIP		14. CITY, ST., ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		13. STREET ADDRESS	
CITY, ST., ZIP		14. CITY, ST., ZIP	

14. I declare, certify, that the information supplied with this filing is voluntarily furnished and done under oath for the purpose as stated in the law. I (1) am not a Florida Statute. 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 it were made under oath. That I am an officer or director of the corporation or the receiver or trustee compensated to execute this report as required by Chapter 607, Florida Statutes, and that my signature appears in black ink or blue ink, or on an attachment with an address.

SIGNATURE:

Doron Abraham
DORON ABRAHAM

4/29/95

PRINTED AND TYPED OR MAILED NAME OF SIGNING OFFICER OR DIRECTOR