

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

**APPROVED
AND
FILED**

ANNUAL REPORT

1995



95 MAR -8 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000048539 (8)

CUSTOM SHIRT CONNECTIONS, INC.

2. Principal Place of Business 9720 WEST BAY HARBOR DRIVE BAY HARBOR FL 33154		2a. Mailing Address 9720 WEST BAY HARBOR DRIVE BAY HARBOR FL 33154		3. Filing Report Due Date 06/27/1994		3a. Date of Last Report	
21. State Agent Name SAFRO, LINDA		26. State Agent Address 1515 NO. UNIVERSITY DRIVE STE. 103 CORAL SPRINGS FL 33071		4. FET Number 65-0498656		Applied For ☐ Not Applicable	
22. City or State		27. City or State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. City or State		28. City or State		6. Excess Corporation Financials ☐		\$5.00 May Be Added to Fees	
24. City or State		29. City or State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent SAFRO, LINDA 1515 NO. UNIVERSITY DRIVE STE. 103 CORAL SPRINGS FL 33071				10. Name and Address of New Registered Agent			
				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. City			
				FL 85. Zip Code			

11. I am used to the provisions of Sections 607.02 and 607.1508, Florida Statutes, the above-named corporation submits the 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 607.025, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	D BORNSTEIN, DAWN	11 TITLE	☐ Change ☐ Addition
STREET ADDRESS	9720 WEST BAY HARBOR DRIVE	12 NAME	
CITY, ST., ZIP	BAY HARBOR FL 33154	13 STREET ADDRESS	
		14 CITY, ST., ZIP	☐ Change ☐ Addition
		21 TITLE	
		22 NAME	
		23 STREET ADDRESS	
		24 CITY, ST., ZIP	☐ Change ☐ Addition
		31 TITLE	
		32 NAME	
		33 STREET ADDRESS	
		34 CITY, ST., ZIP	☐ Change ☐ Addition
		41 TITLE	
		42 NAME	
		43 STREET ADDRESS	
		44 CITY, ST., ZIP	☐ Change ☐ Addition
		51 TITLE	
		52 NAME	
		53 STREET ADDRESS	
		54 CITY, ST., ZIP	☐ Change ☐ Addition
		61 TITLE	
		62 NAME	
		63 STREET ADDRESS	
		64 CITY, ST., ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in the laws of the State of Florida. I further certify that the information is not false or misleading, and that my signature shall have the same legal effect as if made under oath. This filing is not subject to the provisions of the receiver of intangible taxes for the purpose of this report as required by Chapter 197, Florida Statutes, and that my return appears to be correct and complete.

SIGNATURE: *[Signature]* DAWN BORNSTEIN *[Signature]* DAWN BORNSTEIN *[Signature]* Feb-29-95 305-861-8124