

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000070348 (5)

1. Corporation Name

THE CARIBBEAN COAST APPAREL COMPANY

Principal Place of Business

50 N LAURA STREET
SUITE 2600
JACKSONVILLE FL 32202

Mailing Address

50 N LAURA STREET
SUITE 2600
JACKSONVILLE FL 32202-3629

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

09/23/1994

3a. Date of Last Report

03/22/1996

4. FEI Number

59-3275054

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes.

Yes No

10. Name and Address of New Registered Agent

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

Signature typed in printed name of registered agent and the filer, if applicable.

(The filer is the person or agent who is required when registering.)

DATE

12. OFFICERS AND DIRECTORS

TITLE P/D
NAME HUSK, GARY L
STREET ADDRESS 50 N LAURA STREET SUITE 2600
CITY- ST- ZIP JACKSONVILLE FL 32202

DELETE

TITLE VP/D
NAME HUSK, MELANIE J
STREET ADDRESS 50 N LAURA STREET SUITE 2600
CITY- ST- ZIP JACKSONVILLE FL 32202

DELETE

TITLE ST/D
NAME SMITH, CARL
STREET ADDRESS 50 N LAURA STREET SUITE 2600
CITY- ST- ZIP JACKSONVILLE FL 32202

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

Change 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 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 supplementary 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 registered agent empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (checked), or on an attachment with an address.

SIGNATURE

FILED
Apr 30 1997 8:00am
Secretary of State



CR2E034 (9/96)