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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000075988 (3)

1. Corporation Name

APPAREL MANAGEMENT GROUP, INC.



Principal Place of Business

3350 NORTHWEST 22 TERRACE
SUITE 1200
POMPANO BEACH FL 33069

Mailing Address

3350 NORTHWEST 22 TERRACE
SUITE 1200
POMPANO BEACH FL 33069-1063

2. Principal Place of Business

21 2101 N.W. 33rd ST
Suite, Apt. #, etc.

22 3000A
City & State

23 Pompano Beach FL
Zip Country

24 33069 25 USA

2a. Mailing Address

26 2101 N.W. 33rd ST
Suite, Apt. #, etc.

27 3000A
City & State

28 Pompano Beach FL
Zip Country

29 33069 30 USA

g. Name and Address of Current Registered Agent

BLACK, RENNY
3350 N.W. 22ND TERRACE
STE 1200
POMPANO BEACH FL 33069

3. Date Incorporated or Qualified

10/17/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0561641

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME BLACK, RENNY
STREET ADDRESS 3350 NORTHWEST 22 TERRACE, SUITE 1200
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE TS
NAME BLACK, CLAIRE
STREET ADDRESS 3350 N.W. 22 TERRACE STE 1200
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE V
NAME BLACK, JEFFREY
STREET ADDRESS 3350 N.W. 22 TERRACE STE 1200
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE V
NAME BLACK, JASON
STREET ADDRESS 3350 N.W. 22 TERRACE STE 1200
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 2101 N.W. 33rd ST STE 300A
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 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 appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0154495

CR2E034 (9/96)