

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000078593 (8)**

1. Corporation Name
ACT II DESIGNER MENSWEAR, INC.



Principal Place of Business Mailing Address
219 ROYAL POINCIANA WAY, #3 PALM BEACH, FL 33480 **219 ROYAL POINCIANA WAY, #3 PALM BEACH, FL 33480**

3. Date Incorporated or Qualified **10/24/1994** 3a. Date of Last Report **04/07/1995**
4. FEI Number **65-0526959** Applied For Not Applicable
5. Certificate or 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

2. Principal Place of Business 2a. Mailing Address
21 **4392 Northlake Blvd** 26 **4392 Northlake Blvd**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
23 **Palm Beach Gardens, FL** 28 **Palm Beach Gardens, FL**
City & State City & State
24 **33410** 25 **USA** 29 **33410** 30 **USA**
Zip Country Zip Country

9. Name and Address of Current Registered Agent
LEONE, MICHELE M
219 ROYAL POINCIANA WAY, #3
PALM BEACH, FL 33480

10. Name and Address of New Registered Agent
81 Name **SAME**
82 Street Address (P.O. Box Number is Not Acceptable) **1038 The Pointe Drive**
83
84 City **W.P.B** FL 85 Zip Code **33409**

11. Pursuant to the provisions of Sections 607.0502 and 607.3408, 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 _____ DATE _____
Signature, typed or printed name of signing officer or director Printed Name of Agent, signed and dated as stated herein

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONE, MICHELE M	2. NAME	
STREET ADDRESS	219 ROYAL POINCIANA WAY, #C	3. STREET ADDRESS	1038 The Pointe Dr
CITY-ST-ZIP	PALM BEACH FL	4. CITY-ST-ZIP	W. PALM BEACH FL 33409
TITLE	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY-ST-ZIP		2. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3. TITLE	
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY-ST-ZIP		3. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4. TITLE	
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY-ST-ZIP		4. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	200001875532
CITY-ST-ZIP		5. CITY-ST-ZIP	-06/25/96--01141--044
TITLE	<input type="checkbox"/> DELETE	6. TITLE	***200.00
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY-ST-ZIP		6. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 partner 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 if checked, or on an attachment with an address.

SIGNATURE: **Michele M Leone** 4/29/96 407-627-5005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)