

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000017785 (3)

1. Corporation Name

RGL ENTERPRISES, INC.,

Principal Place of Business

1610 NORTH GATE BLVD.
SARASOTA FL 34234

Mailing Address

1610 NORTH GATE BLVD.
SARASOTA FL 34234

FILED

97 JUL 29 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/02/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0562800	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

GEVERD, EMIL M
5328 BIMINI RD.
BRADENTON FL 34210

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEVERD, EMIL M	1.2 NAME	
STREET ADDRESS	5328 BIMINI RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34210	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEVERD, VIRGINIA G	2.2 NAME	
STREET ADDRESS	5328 BIMINI RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34210	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address.

SIGNATURE

[Signature]

CR2E034 (4/97)



SERVICE & IMPRINTED
RESORTWEAR THAT
CREATE RETAIL

Sunshine
Apparel Inc.

July 22, 1997

Florida Secretary of State
Div. of Corporations
P.O.Box 6327
Tallahassee, FL 32314

SUBJECT: Annual Returns-V09393(2), S17500(5),
P95000017785(3), P96000045659,
P96000043825(4)

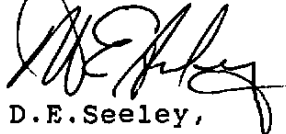
Dear Madam Secretary,

On Friday, July 18, 1997, we received 2nd Notices on the above accounts. We had mailed our check #014883 on May 1, 1997 in the amount of \$825.00 along with the returns in one envelope to your offices. When I received the 2nd notices I called our bank and found the check was still outstanding. I then called your offices and ultimately spoke with Amy Allen, who informed me that the returns had been sent back for signature sometime in June. We never received any prior correspondence from your offices regarding these returns. Amy Allen advised me to write this letter, fill out the second notices, reissue five(5) separate checks in the amount of \$165.00 each and attach a copy of this letter to each redone return.

Thank you for your help in this matter.

Sincerely,

SUNSHINE APPAREL, INC. et al


D.E. Seeley,
Accountant

DES:me