

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000033329 (0)**

1. Corporation Name
APPAREL SERVICES, INC.



Principal Place of Business: **8551 W SUNRISE BLVD SUTIE 100A FT LAUDERDALE FL 33322**
Mailing Address: **8551 W SUNRISE BLVD SUTIE 100A FT LAUDERDALE FL 33322**

3. Date Incorporated or Qualified: **04/28/1995**
3a. Date of Last Report: [blank]
4. FEI Number: **65-0581029**
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

2. Principal Place of Business: **21 13490 N.W. 45 AVE.**
22 Suite, Apt. #, etc.: [blank]
23 City & State: **OPA LOCKA FLA.**
24 Zip: **33054** 25 Country: **USA.**
26 Mailing Address: **13490 N.W. 45 AVE**
27 Suite, Apt. #, etc.: [blank]
28 City & State: **OPA LOCKA FLA.**
29 Zip: **33054** 30 Country: **USA**

9. Name and Address of Current Registered Agent
**BLOOMGARDEN, PAUL M
8551 W SUNRISE BLVD
SUTIE 100A
FT LAUDERDALE FL 33322**

10. Name and Address of New Registered Agent
81 Name: **SANDY LIPSON**
82 Street Address (P.O. Box Number is Not Acceptable): **13490 N.W. 45 AVE**
83 [blank]
84 City: **OPA LOCKA** FL 85 Zip Code: **33054**

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: DATE: **5/1/96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LIPSON, SANDY	
STREET ADDRESS	9325 SW 108 ST	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NADELMAN, ROSS	
STREET ADDRESS	19101 MYSTIC POINT DR UNIT 511	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEVY, JEROME	
STREET ADDRESS	476 CAMERON DR	
CITY-ST-ZIP	FT LAUDERDALE FL 33326	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BIRA, NEAL	
STREET ADDRESS	12084 SW 1 ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	KURASH, VICTOR
3.4 CITY-ST-ZIP	8251 N.W. 36 ST. SUNRISE, FLA 33351
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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: DATE: **5/1/96** TELEPHONE: **305-688-1511**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)