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

PROFIT CORPORATION ANNUAL REPORT



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

1996

P95000060358 (5)

## **DOCUMENT #** APPAREL NETWORK CORPORATION

**FILED** May 01 1996 8:00 am Secretary of State



Suite, Apt. #, etc.   22   22   22   23   24   25   25   25   25   25   25   25	Principal Place	of Business	Mailing Address	···							
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28   Sulfe, Apt. 8, etc.   28   Sulfe, Apt. 8, etc.   27   Country   27   Country   28   Scatter   28   Sulfe, Apt. 8, etc.   27   Country   28   Sulfer								3a. Date of	Last F	Report	
Complete   State   Content   Conte	21	75.00	<b>├</b> ─┐ "								
20	22		27				5. Certificate of Status Desired				
25	23		28				Trust Fund Contribution	Added to Fees			
### HUMPHRIES, J. GREGORY 201 E PINE ST SUITE 701 ORLANDO FL 32801  13.   Separate manual components on submits this statement for the provision of Sections 607,0562 and 607,1508, Frontal Statutes, the databox named corporation submits this statement for the provisions of Sections 607,0562 and 607,1508, Frontal Statutes, the databox named corporation submits this statement for the provision of the State of Europh, Such change was anthorized by the corporation submits this statement for the proposed of changing its registored office or registered agent, or both, in the State of Europh, Such change was anthorized by the corporation submits this statement for the proposed of changing its registored office or registered agent, or both, in the State of Europh, Such change was anthorized by the corporation submits this statement for the purpose of changing its registored office or registered agent, or both, in the State of Europh Statement as registered agent, 1 and 1 a	24]	25 29			itry		Florida Statutes Yes No				
#UMPHRIES, J. GREGORY 201 E PINE ST SUITE 701 ORLANDO FL 32801  1. Pursuant to the provisions of Sections 607,0502 and 607,1508. Floridal Statutes, the attender named corporation sustrats the statement for the purpose of changing its registered agent, or both, in the State of Bronda. Statutes, the attender named corporation sustrats the statement for the purpose of changing its registered agent, or both, in the State of Bronda. Statutes, the attender named corporation's board of directors. It hereby ancept the appointment as registered agent of the purpose of changing its registered agent. I am remain which, and accept the obligations of, School 107,0505, Floridal Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  1. In the COMPTON, WILLIAM W 4902 W WAITERS AVE 132 MAND ARE 13834 12 MAND ARE 13834 13 MAND		g. Name and Address of Curren	it negistered Agent		81	Name	10. Name and Address of New F	legistered Age	∌nt		
201 E PINE ST SUITE 701 ORLANDO FL 32801  4 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607,6502 and E07 1506, Florida Statutes, the above the purpose of changing the registered agent or both in the State of Florida Such change was authorized by the corporation's sharet the purpose of changing the registered office familiar with, and accept the obligations of, Scotion 607,0505, Florida Statutes  SIGNATURE  SIGNATURE  SPACE OFFICERS AND DIRECTORS  13. ACCIDIONS/CHANGES TO OFFICERS AND DIRECTORS  14. THE  COMPTON, WILLIAM W 4902 W WALTERS AVE 1 STREET ADDRESS  DIV. SI. Zip 1 TAMPA FL 33634  1 Change Addition  DELETE 2 1 THIE D Change Addition  MAKE SIRELE ADDRESS  DIV. SI. Zip 1 TAMPA FL 33634  1 Change Addition  DELETE 3 STREET ADDRESS  CITY. SI. Zip 1 TAMPA FL 33634  1 Change Addition  DELETE 3 STREET ADDRESS  CITY. SI. Zip 1 TAMPA FL 33634  1 Change Addition  Addition Street ADDRESS  CITY. SI. Zip 1 TAMPA FL 33634  1 Change Addition  ADDITION  DELETE 3 STREET ADDRESS  CITY. SI. Zip 1 TAMPA FL 33634  1 Change Addition  ADDITION  DELETE 5 STREET ADDRESS  CITY. SI. Zip 1 TAMPA FL 33634  1 Change Addition  ADDITION  DELETE 5 STREET ADDRESS  CITY. SI. Zip 1 THE C Change Addition  DELETE 5 STREET ADDRESS  CITY. SI. Zip 1 THE C Change Addition  DELETE 5 STREET ADDRESS  CITY. SI. Zip 1 THE C Change Addition  ADDRESS  CITY. SI. Zip 1 THE C Change Addition  Addition  STREET ADDRESS  CITY. SI. Zip 1 THE C Change Addition  Addition  STREET ADDRESS  CITY. SI. Zip 1 THE C Change Addition  Addition  STREET ADDRESS  CITY. SI. Zip 1 THE C Change Addition  Addition  STREET ADDRESS  CITY. SI. Zip 1 THE C Change Addition  Addition  Addition  STREET ADDRESS  CITY. SI. Zip 1 THE C Change Addition  Addition  CHANGE STREET ADDRESS  CITY. SI. Zip 2 THE CARREST ADDRESS  CITY. SI. Zip 3 THE CARREST ADDRESS  CITY. SI. Zip 4 CHANGE STREET ADDRESS  CITY. SI. Zip 4 CH		HEC I CDECODY			31	малте					
SUITE 701   ORLANDO FL 32801   State				Ţ	82	Street Addre	ess (P.O. Box Number is Not Acceptat	ole)			
Mail				-	83						
1.1 Pursuant to the provisions of Sections 607.05007 and 607.1508. Fixed Statutes, the above named corporation is started that the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was anthorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and a corporation of suplement as registered agent. I am a corporation of suplement as registered agent. I am a corporation of suplement as registered agent. I am a corporation of suplement as registered agent. I am a corporation of suplement as registered agent. I am a corporation of suplement as registered agent. I am a corporation of suplement as registered agent. I am a corporation of suplement as registered agent. I am a corporation of suplement as registered agent. I am a corporation of suplement as registered agent. I am a corporation of suplement as registered agent. I am a corporation of suplement as registered agent. I am a corporation of suplement as registered agent. I am a corporation of suplement as registered agent. I am a corporation of suplement as registered agent. I am a corporation of suplement as registered agent. I am a corporation of suplement as registered agent. I am a corporation of suplement as registered agent. I am a corporation of suplement as registered agent. I am a corporation of suplement as registered agent. I am a corporation of suplement as registered agent. I am a corporation of suplement as registered agent. I am a corporation of suplement as registered agent. I am a corporation of suplement as registered agent. I am a corporation of suplement as registered agent. I am a corporation of suplement as registered agent. I am a corporation of suplement as registered agent. I am a corporation of suplement as registered agent. I am a corporation of suplement as registered agent. I am a corporation of suplement as registered agent. I am a corporation of such as registered agent. I am a corporation of such as registered agent. I am a corp	ORLAND	O FL 32801			84	City		<b>-</b> . (	<b>35</b> Z	p Code	
Comparison   Com	11. Pursuant to	n the provisions of Sections 607.0603	2 and 607 1509. Florida Statute	ac the above		amed comes	tion of hearing the state of the	<u> </u>			
No.	orregistere	eo agent, or both, in the State of Fiori	da. Such change was authorize	ed by the co	orpc	oration's board	d of directors. Thereby accept the app	rpose or changi ointment as rec	ng its jisterer	registered office diagent I anii	
13.   ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 12	SIGNATURE _	Signature, typed or profed name of registered a sec	and the carelinate (N.)	If Figurely and	A Yest 1	LS has the to read about	De transport de la constant de la co	Fee ()			
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TAMPA FL 33634	STREET ADDRESS	4902 W WALTERS AVE		1 3 STR	1 3 STREFT ADDRESS						
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CITY-ST-ZIP 64 CITY-ST-ZIP											
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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 surrelied	with this films is not intarily from	6.4 CiT	Y-ST	- ZIP 1	r the eventure stated in Continue 100	07/2/// 01-	01:1		

ceruity trial trie 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 trip 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 proceedings on any attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR