

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 # P95000068597 (0)

1. Corporation Name

THE GARMENT DISTRICT, INC.



Principal Place of Business

~~2121 W. FIRST ST.~~ 8941 QUALITY RD
FT. MYERS FL 33901 BONITA SPRINGS
FL 33923

Mailing Address

~~2121 W. FIRST ST.~~ 8941 QUALITY RD
FT. MYERS FL 33901 BONITA SPRINGS, FL
33923

2. Principal Place of Business

21 8941 QUALITY RD
Suite, Apt. #, etc.

2a. Mailing Address

26 8941 QUALITY RD
Suite, Apt. #, etc.

City & State

23 BONITA SPRINGS, FL.

City & State

28 BONITA SPRINGS, FL.

Zip
24 33923

Country

25 LAR

Zip

29 33923

Country

30 LAR

9. Name and Address of Current Registered Agent

HERSCH, CRAIG R
2121 W. FIRST ST.
FT. MYERS FL 33901

3. Date Incorporated or Qualified

09/01/1995

3a. Date of Last Report

4. FEI Number

65-0607492

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 reissuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
ZWICK, JEFFREY J
16917 TIMBERLAKES DR.
FT. MYERS FL 33908

TITLE ☐ DELETE

NAME
NANBERG, ROBERT L
72-CHAKER RD. 5641 MONTILLA DR
ENFIELD CT 06082 FT. MYERS, FL 33919

TITLE ☐ DELETE

NAME
THORNER, HEIDI
358 EMERALD BAY CIR.
NAPLES FL 33963

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT L. NANBERG 1/30/96 941-498-9379

CR2E034 (12/95)