**FILED** 

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90112 025 \*\*\*158.75

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P95000087378
1. Cornoration Name	1 00000001010

1. Corporation GENEVA	KNITS, INC.	001310					
Principal Place	e of Business	Mailing Address			T ENDTINGE 110 ININE BINE MALL AND 11 AND 11 AND 11 AND 11 AND 11 AND 12	STATE OFFICE OF STATE OF	106) iğli şeni
		7488 BONSBERRY COURT BOCA RATON FL 33434			DO NOT WRITE IN TH	HIS SPACE	
					Date incorporated or Qualifed     11/13/1995		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
21	<u></u>	26			22-3410346		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27				Fee Rec	·
City & State	e	City & State			6. Election Campaign Financing	\$5.00 r Added to	
23	Country	<b>Zip</b>	Country		Trust Fund Contribution		1
Zip	Country	— · ·	30		<ol> <li>This corporation owes the current year Personal Property Tax.</li> </ol>		No
24	9. Name and Address of Current		30)		10. Name and Address of New Registere		
			81	Name			
MAR	kus, stuart		82	Strant A	Address (P.O. Box Number is Not Acceptable)	<del></del>	· ·
MAR	KUS & WINTER, P.A.		62	Street	Address (F.O. Box Number is Not Acceptable)		
2251	SW 22 ST		83				
MAIM	Al FL 33145		84	City		85 Zip C	ode
				,		-L	
office or o	egistered agent, or both, in the State on m familiar with, and accept the obligat	of Florida. Such change was au ions of, Section 607.0505, Flori	ithorized by ida Statutes.	tne corpoi	corporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	ppointment as reg	istered
12.	Signature, typed or printed name of registered agent		Registered Agen	t signature re	Quired when remstating) DATE ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	PS OFFICERS AN	D DIRECTORS	1.1 TITLE	Т	nie -	hansa	Addition
NAME	NEGRIN, RUSSEL	<u></u>	12 NAME		NEGRIN RUSSELL 7488 BONDSBERRY C	- 0	
STREET ADDRESS	1173 A SECOND AVE, BOX 18	<b>ર</b>	1.3 STREET	ADDRESS	7488 BONDSBERRY C	OURI	
CITY-ST-ZIP	NEW YORK NY 10021	•	1.4 CITY-S	r-ZIP	BOCA RATON FLA	<i>33434</i>	i
TITLE	VP	☐ DELETE	2.1 TITLE		VP 1 = 1 CA	nange	☐ Addition
NAME	NEGRIN, JARA		2.2 NAME		MEGRIN, JARA	N1/4-7	
STREET ADDRESS	1173A SECOND AVE. BOX 188		2.3 STREET	ADDRESS	7488 BONDSBERRYC	OVES	
CITY-ST-ZIP	NEW YORK NY 10021		2.4 CITY-5	T-ZIP	BOCA RATON FLA  VP NEGRIN, JARA  7488 BONDSBERRY C  BOCA RATON, FLA:	<i>33 <del>43 Y</del></i>	
TITLE		☐ DELETE	3.1 TITLE		,	Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			33 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-S	T-ZIP		<del></del>	
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS		~	4.3 STREET				
CITY-ST-ZIP		☐ DELETE	4 4 CiTY-S	r-zip		Change	Addition
TITLE			5.1 TITLE 5.2 NAME				
NAME			5.3 STREET	ADDRESS			
STREET ADDRESS			5.4 CITY-S1				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE	-"		Change	Addition
711 haba	i		-	١.		-	

CITY-ST-ZIP 14. I 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 preciver 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 any attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS