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 # **P95000095438 (4)**

1. Corporation Name
G & S FASHIONS, INC.

Principal Place of Business	Mailing Address
C/O KTG&S REGISTERED AGENT CORPORATION 100 SE 2ND ST 28TH FLOOR MIAMI FL 33131	C/O KTG&S REGISTERED AGENT CORPORATION 100 SE 2ND ST 28TH FLOOR MIAMI FL 33131

3. Date Incorporated or Qualified: 12/13/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 5700 OCKEECHOBEE BLVD.	26 5700 OCKEECHOBEE BLVD.
22 Suite, Apt. #, etc. 25C	27 Suite, Apt. #, etc. 25C
23 City & State WEST PALMBEACH, FL	28 City & State WEST PALM BEACH, FL.
24 Zip 33417 25 Country U.S.	29 Zip 33417 30 Country U.S.

4. FEI Number: 59-3349659 ☐ 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

9. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION
100 SE 2ND ST
28TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: GREGG WARNER
82 Street Address (P.O. Box Number is Not Acceptable)
83 2682 OAKMONT
84 City: FT. LAUD. FL 85 Zip Code: 33332

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] PRESIDENT 6-28-96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE: P/T Gregg Warner 2682 Oakmont Ft. Lauderdale, FL 33332	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☑ Addition: P/P/V.P./S/T GREGG WARNER 2682 OAKMONT FT LAUD. FL. 33332
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ DELETE: D/VP/S/T Susanna Warner 2682 Oakmont Ft. Lauderdale, FL 33332	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 700001893207 -07/15/96--01014--025 ***225.00 7/15

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 report or supplemental requirement is true and accurate and that the 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 added, above.

SIGNATURE: [signature] PRES. 6-28-96 (407)689-6229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #