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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Apr 21 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000036980 (6)

CORPORATE APPAREL, INC.

City-St-7i6

Mailing Address Principal Place of Business 9225 ULMERTON ROAD #409 9225 ULMERTON ROAD #409 LARGO FL 34841-LARGO FL 33771-3708 33771 3. Date Incorporated or Qualified 3a. Date of Last Report 04/25/1996 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Ζīρ Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 30 28 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 BOSTICK, W G JR 9225 ULMERTON ROAD #409 82 LARGO FL 8404 R3 84 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 0506, Florida Statutes. 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation SIGNATURE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 DELETE Change **Addition** 1.1 TITLE TiTLE BAKER, ROGER 1.2 NAME NAME 9225 ULMERTON ROAD #409 1.3 STREET ADDRESS STREET ADDRESS LARGO FL 34841 33 27 CITY-S1-7IP 1.4 CITY-ST-ZIP Change Addition DELETE 2.1 TITLE **~** TITLE GROTE, KEN 2.2 NAME NAME 9225 ULMERTON ROAD #409 2.3 STREET ADDRESS STREET ADDRESS **LARGO FL 34641** 2. 4 CITY-ST-ZiP CITY - \$1 - 7IP Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CHY- \$1-209 DELETE 4.1 TITLE TITLE 4.2 NAME NAM(STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP City-St 2iP DELETE 5.1 TITLE THEE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP C(1) - 51 - 2(P) Change Addition DELETE 6.1 TITLE THEF 6.2 NAME NAM: 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST - ZIP

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 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