


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 JUL 29 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000043825 (4)**

1. Corporation Name

NEW VISION APPAREL, INC.

Principal Place of Business

**1610 NORTHGATE BLVD
SARASOTA FL 34234**

Mailing Address

**1610 NORTHGATE BLVD
SARASOTA FL 34234**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/16/1996	3a. Date of Last Report
4. FEI Number 65-0682836	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**GEVERD, EMIL M
5328 BIMINI DR
BRADENTON FL 34210**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEIL, JEFFREY N	1.2 NAME	
STREET ADDRESS	19906 LONGLEAF DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEVERD, EMIL M	2.2 NAME	
STREET ADDRESS	5328 BIMINI DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34210	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEVERD, VIRGINIA G	3.2 NAME	
STREET ADDRESS	5328 BIMINI DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34210	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEVERD, BRIAN M	4.2 NAME	
STREET ADDRESS	7613 THE PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34209	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

[Handwritten Signature]

CR2E034 (4/97)



SERVICE & IMPRINTED
RESORTWEAR THAT
CREATE RETAIL

Sunshine
Apparel Inc.

July 22, 1997

Florida Secretary of State
Div. of Corporations
P.O.Box 6327
Tallahassee, FL 32314

SUBJECT: Annual Returns-VO9393(2),S17500(5),
P95000017785(3), P96000045659,
P96000043825(4)

Dear Madam Secretary,

On Friday, July 18, 1997, we received 2nd Notices on the above accounts. We had mailed our check #014883 on May 1, 1997 in the amount of \$825.00 along with the returns in one envelope to your offices. When I received the 2nd notices I called our bank and found the check was still outstanding. I then called your offices and ultimately spoke with Amy Allen, who informed me that the returns had been sent back for signature sometime in June. We never received any prior correspondence from your offices regarding these returns. Amy Allen advised me to write this letter, fill out the second notices, reissue five(5) separate checks in the amount of \$165.00 each and attach a copy of this letter to each redone return.

Thank you for your help in this matter.

Sincerely,

SUNSHINE APPAREL, INC. et al


D.E. Seeley,
Accountant

DES:me