

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

**FILED**

**May 08 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000044852 (7)**  
1. Corporation Name  
**APPAREL CONSULTING SERVICES, INC.**



Principal Place of Business Mailing Address  
**517 OCEANVIEW AVENUE PALM HARBOR FL 34683** **517 OCEANVIEW AVENUE PALM HARBOR FL 34683-1833**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
<b>21</b>		<b>26</b>		<b>05/17/1996</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
				<b>59-3383291</b>	Not Applicable
<b>22</b> City & State		<b>27</b> City & State		5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
				<input type="checkbox"/>	
<b>23</b> Zip		<b>28</b> Zip		6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
Country		Country		<input type="checkbox"/>	
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b>				<b>10. Name and Address of New Registered Agent</b>			
<b>BROWN, BERTRAM B 517 OCEANVIEW AVENUE PALM HARBOR FL 34683</b>				<b>81</b>	Name		
				<b>82</b>	Street Address (P.O. Box Number is Not Acceptable)		
				<b>83</b>			
				<b>84</b>	City	<b>FL</b>	<b>85</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	<b>PD Bertram B. Brown</b>		1.2 NAME		
CITY-ST-ZIP	<b>517 Oceanview Ave Palm Harbor, FL 34683</b>		1.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP		
NAME			2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			2.2 NAME		
CITY-ST-ZIP			2.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP		
NAME			3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			3.2 NAME		
CITY-ST-ZIP			3.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP		
NAME			4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP		
NAME			5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP		
NAME			6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6.3 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 supplementary 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; that I am a shareholder 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 change or other appointment with an address.

*[Handwritten Signature]*

CR2E034 (9/96)