


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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **P960000 67896**
1. Corporation Name

PHOENIX APPAREL, INC.

Principal Place of Business: **190 NE 199TH ST., SUITE 100**
NORTH MIAMI BEACH, FL 33179-2927

3. Date Incorporated or Qualified 8/15/96	3a. Date of Last Report N/A
4. FEI Number 65-0697978	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent
WENDY BECK
COLODNY, FASS & TALENFELD, P.A.
2000 W. COMMERCIAL BLVD, STE 232
FORT LAUDERDALE, FL 33309

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
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 and am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
12.1 NAME	PRESIDENT JEFFERY A. BRADSHAW
12.2 STREET ADDRESS	190 NE 199TH ST. SUITE 100
12.3 CITY-STATE-ZIP	NORTH MIAMI BEACH, FL 33179-2927
12.4 TITLE	VICE PRESIDENT
12.5 NAME	MARLA LAURENCE WELBY
12.6 STREET ADDRESS	190 NE 199TH ST., SUITE 100
12.7 CITY-STATE-ZIP	NORTH MIAMI BEACH, FL 33179-2927
12.8 TITLE	VICE PRESIDENT
12.9 NAME	RONALD BECK
12.10 STREET ADDRESS	190 NE 199TH ST. SUITE 100
12.11 CITY-STATE-ZIP	NORTH MIAMI BEACH, FL 33179-2927
12.12 TITLE	
12.13 NAME	
12.14 STREET ADDRESS	
12.15 CITY-STATE-ZIP	
12.16 TITLE	
12.17 NAME	
12.18 STREET ADDRESS	
12.19 CITY-STATE-ZIP	
12.20 TITLE	
12.21 NAME	
12.22 STREET ADDRESS	
12.23 CITY-STATE-ZIP	
12.24 TITLE	
12.25 NAME	
12.26 STREET ADDRESS	
12.27 CITY-STATE-ZIP	
12.28 TITLE	
12.29 NAME	
12.30 STREET ADDRESS	
12.31 CITY-STATE-ZIP	
12.32 TITLE	
12.33 NAME	
12.34 STREET ADDRESS	
12.35 CITY-STATE-ZIP	
12.36 TITLE	
12.37 NAME	
12.38 STREET ADDRESS	
12.39 CITY-STATE-ZIP	
12.40 TITLE	
12.41 NAME	
12.42 STREET ADDRESS	
12.43 CITY-STATE-ZIP	
12.44 TITLE	
12.45 NAME	
12.46 STREET ADDRESS	
12.47 CITY-STATE-ZIP	
12.48 TITLE	
12.49 NAME	
12.50 STREET ADDRESS	
12.51 CITY-STATE-ZIP	
12.52 TITLE	
12.53 NAME	
12.54 STREET ADDRESS	
12.55 CITY-STATE-ZIP	
12.56 TITLE	
12.57 NAME	
12.58 STREET ADDRESS	
12.59 CITY-STATE-ZIP	
12.60 TITLE	
12.61 NAME	
12.62 STREET ADDRESS	
12.63 CITY-STATE-ZIP	
12.64 TITLE	
12.65 NAME	
12.66 STREET ADDRESS	
12.67 CITY-STATE-ZIP	
12.68 TITLE	
12.69 NAME	
12.70 STREET ADDRESS	
12.71 CITY-STATE-ZIP	
12.72 TITLE	
12.73 NAME	
12.74 STREET ADDRESS	
12.75 CITY-STATE-ZIP	
12.76 TITLE	
12.77 NAME	
12.78 STREET ADDRESS	
12.79 CITY-STATE-ZIP	
12.80 TITLE	
12.81 NAME	
12.82 STREET ADDRESS	
12.83 CITY-STATE-ZIP	
12.84 TITLE	
12.85 NAME	
12.86 STREET ADDRESS	
12.87 CITY-STATE-ZIP	
12.88 TITLE	
12.89 NAME	
12.90 STREET ADDRESS	
12.91 CITY-STATE-ZIP	
12.92 TITLE	
12.93 NAME	
12.94 STREET ADDRESS	
12.95 CITY-STATE-ZIP	
12.96 TITLE	
12.97 NAME	
12.98 STREET ADDRESS	
12.99 CITY-STATE-ZIP	
12.100 TITLE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-STATE-ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY-STATE-ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY-STATE-ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY-STATE-ZIP	
13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY-STATE-ZIP	
13.21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.22 NAME	
13.23 STREET ADDRESS	
13.24 CITY-STATE-ZIP	
13.25 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.26 NAME	
13.27 STREET ADDRESS	
13.28 CITY-STATE-ZIP	
13.29 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.30 NAME	
13.31 STREET ADDRESS	
13.32 CITY-STATE-ZIP	
13.33 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.34 NAME	
13.35 STREET ADDRESS	
13.36 CITY-STATE-ZIP	
13.37 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.38 NAME	
13.39 STREET ADDRESS	
13.40 CITY-STATE-ZIP	
13.41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.42 NAME	
13.43 STREET ADDRESS	
13.44 CITY-STATE-ZIP	
13.45 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.46 NAME	
13.47 STREET ADDRESS	
13.48 CITY-STATE-ZIP	
13.49 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.50 NAME	
13.51 STREET ADDRESS	
13.52 CITY-STATE-ZIP	
13.53 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.54 NAME	
13.55 STREET ADDRESS	
13.56 CITY-STATE-ZIP	
13.57 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.58 NAME	
13.59 STREET ADDRESS	
13.60 CITY-STATE-ZIP	
13.61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.62 NAME	
13.63 STREET ADDRESS	
13.64 CITY-STATE-ZIP	
13.65 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.66 NAME	
13.67 STREET ADDRESS	
13.68 CITY-STATE-ZIP	
13.69 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.70 NAME	
13.71 STREET ADDRESS	
13.72 CITY-STATE-ZIP	
13.73 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.74 NAME	
13.75 STREET ADDRESS	
13.76 CITY-STATE-ZIP	
13.77 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.78 NAME	
13.79 STREET ADDRESS	
13.80 CITY-STATE-ZIP	
13.81 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.82 NAME	
13.83 STREET ADDRESS	
13.84 CITY-STATE-ZIP	
13.85 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.86 NAME	
13.87 STREET ADDRESS	
13.88 CITY-STATE-ZIP	
13.89 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.90 NAME	
13.91 STREET ADDRESS	
13.92 CITY-STATE-ZIP	
13.93 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.94 NAME	
13.95 STREET ADDRESS	
13.96 CITY-STATE-ZIP	
13.97 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.98 NAME	
13.99 STREET ADDRESS	
13.100 CITY-STATE-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 contained 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:  **JEFFERY A. BRADSHAW**
 Date: **4/23/97** Daytime Phone #: **(614) 771-3977**

CR2E034 (9/96)