

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

FILED  
May 18 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000068372 (7)

1. Corporation Name

DESIGNER WEAR, INC.



Principal Place of Business

3475 SHERIDAN ST STE 301  
HOLLYWOOD FL 33021

Mailing Address

3475 SHERIDAN ST STE 301  
HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/16/1996

4. FEI Number

65-0701982

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

WEISER, HOWARD  
8632 NW 54TH ST  
CORAL SPRINGS FL 33067

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

TITLE DV ☐ DELETE  
NAME WEINBERG, BARRY M  
STREET ADDRESS 3320 PINEWALK DR NORTH #1717  
CITY-ST-ZIP MARGATE FL

TITLE DP ☐ DELETE  
NAME WEISER, HOWARD  
STREET ADDRESS 8632 NW 54 STREET  
CITY-ST-ZIP CORAL SPRINGS FL

TITLE DVT ☐ DELETE  
NAME SIMON, SAMUEL J  
STREET ADDRESS 17077 NW 16 ST  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE DVS ☒ DELETE  
NAME ADAMS, MICHAEL T  
STREET ADDRESS 430 S PARK RD  
CITY-ST-ZIP HOLLYWOOD FL

TITLE DV ☐ DELETE  
NAME HOCHBERG, GARY M  
STREET ADDRESS 5799 ORANGE DRIVE  
CITY-ST-ZIP DAVIE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DV ☒ Change ☐ Addition  
1.2 NAME Weinberg, Barry M.  
1.3 STREET ADDRESS 11537 NW 3rd Place  
1.4 CITY-ST-ZIP Coral Springs, FL 33071

2.1 TITLE D ☒ Change ☐ Addition  
2.2 NAME Weiser, Howard  
2.3 STREET ADDRESS 8632 NW 54TH ST.  
2.4 CITY-ST-ZIP Coral Springs, FL

3.1 TITLE DPT ☒ Change ☐ Addition  
3.2 NAME Simon, Samuel J.  
3.3 STREET ADDRESS 17077 NW 16 THST  
3.4 CITY-ST-ZIP Pembroke Pines, FL 33028

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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

CR2E034 (10/97)