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Feb 06 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 # P96000073627 (7)

1. Corporation Name
PREFERRED APPAREL, INC.



Principal Place of Business
110 SE 6TH STREET #1840
THE 110 TOWER
FORT LAUDERDALE FL 33301

Mailing Address
110 SE 6TH STREET #1840
THE 110 TOWER
FORT LAUDERDALE FL 33301-3001

3. Date Incorporated or Qualified
09/05/1996

3a. Date of Last Report

2. Principal Place of Business
21 1403 S.W. 8TH STREET
Suite, Apt. #, etc.

2a. Mailing Address
26 1403 S.W. 8TH STREET
Suite, Apt. #, etc.

4. FEI Number
45-0690932

Applied For
Not Applicable

22 City & State
23 POMPAHO BEACH, FL
Zip
24 33069

27 City & State
28 POMPAHO BEACH, FL
Zip
29 33069

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
MOFFA, CATHY D
CATHY DEVANY MOFFA, C.P.A.
110 SE 6TH STREET #1840 - THE 110 TOWER
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent
81 Name
82 MOFFA, JOSEPH C.
83 Street Address (P.O. Box Number is Not Acceptable)
84 110 S.E. 6TH STREET, #1840
85 THE 110 TOWER
86 City
87 FORT LAUDERDALE
88 FL
89 Zip Code
90 33301

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 607.1505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	MOFFA, CATHY D	
STREET ADDRESS	110 SE 6TH STREET #1840	
CITY - ST - ZIP	FORT LAUDERDALE FL 33301	
TITLE	D	DELETE
NAME	MOFFA, JOSEPH C.	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D, P, S	Change	Addition
12 NAME			
13 STREET ADDRESS	1403 S.W. 8TH STREET		
14 CITY - ST - ZIP	POMPAHO BEACH, FL 33069		
21 TITLE	D, VP	Change	Addition
22 NAME	MOFFA, JOSEPH C.		
23 STREET ADDRESS	1403 S.W. 8TH STREET		
24 CITY - ST - ZIP	POMPAHO BEACH, FL 33069		
31 TITLE		Change	Addition
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE		Change	Addition
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE		Change	Addition
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE		Change	Addition
62 NAME			
63 STREET ADDRESS			
64 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: Cathy Moffa CATHY MOFFA, PRESIDENT 1/30/97 954-782-1003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)