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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

FILED Apr 15 1998 8:00am Secretary of State

	MENT # P9700(ORE APPAREL, INC.)))))))))						
Principal Place of Business Mailing Address						I LEGINORI YAN SENIN YARUT DENKI DENKI DENKE IKI	119 TINI SIEEL BA	ABE AN IBO
2730 CENTRA	IL AVE	2730 CENTRAL AVE						
ST PETERSBURG FL 33712 ST PETERSBURG FL 3371				2		DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	SPACE	
						02/17/1997		
2. Principal Place of Business 2a, Mailing Address						4. FEI Number		pplied For
21		26					XN	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
City & State		City & State						lequired
23	e e e e e e e e e e e e e e e e e e e	28				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Co	untry		8. This corporation owes or has paid the cu		
24	25 29			S. This corporation of the para the content year man			No	
	g. Name and Address of Curren	it Registered Agent				10. Name and Address of New Registered	Agent	
KN	AUST, WARREN J			81	Name			
2730 CENTRAL AVE				82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
ST	PETERSBURG FL 33712							
				63			,	•
				84	City	E	85 Zip	Code
dd Ownward	to the are lained of Cartings 607.050	2 and COZ 1500 Florida Ctat.	ton the e	Ļ	000000	prporation submits this statement for the purpose attended to be a purposed of directors. I hereby accept the ap		ito romintorod
SIGNATURE	Signature, typed or printed name of registered age OFFICERS ANI	ont and title if applicable (NO				julisid when reinstailing) ADDITIONS/CHANGES TO OFFICERS AN	·· <u> </u>	
TITLE	D	DELETE	1.1 T	TLE			☐ Change	☐ Addition
NAME	BEATON, WILLIAM J JR		1.2 N	1.2 NAME				
STREET ADDRESS	800 5TH AVE S		1.3 S	1.3 STREET ADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL 33701			1.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		
TITLE				2.1 TITLE			L Change	■ Addition
NAME :			2.2 N					
STREET ADDRESS				2.3 STREET ADDRESS				
CITY-ST-ZIP TITLE				2.4 CITY-ST-ZIP 3.1 TITLE			Change	Addition
NAME			3.2 N		Ì			
STREET ADDRESS			1		ADDRESS			
CITY-\$1-ZIP			3.4. (HTY-\$1	- ZiP			
TITLE		☐ DELETE	4.11	4.1 TITLE			Change	Addition
NAME			4.21					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		DELETE		4.4 CITY-ST-ZIP 5.1 TITLE			Change	Addiso-
TITLE		[] NETELE					unange	Addition
NAME STREET ADDRESS			5.2 N		ADDRESS			
CITY-ST-ZIP				INEE I A	- 1			l
TITLE		DELETE	6.1 Ti				Change	Addition
NAME		— -	6.2 N					
STREET ADDRESS			1		NDORESS			
CITY-ST-ZIP	·		6.4 C	ITY-ST	- ZIP			

Thereby 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.

[GNATURE: 4998 (8/3) 327-3273

SIGNATURE: