

P98000006558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

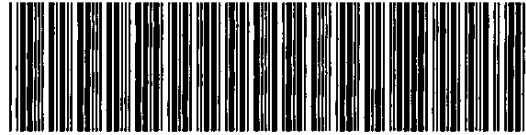
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

5510

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH  
FLORIDA

LOCAL FILE NO.

|   |   |   |   |
|---|---|---|---|
| 1. DECEDENT'S NAME<br>FIRST MIDDLE LAST<br>AKA: MANNIE MAYNARD MARCUS MARCUS  |   | 2. SEX<br>MALE  |   |
| 3. DATE OF DEATH (Month, Day, Year)<br>MAY 15, 2002   | 4. SOCIAL SECURITY NUMBER<br>104-16-7423                                    | 5a. AGE-Last Birthday (years)<br>78                           | 5b. UNDER 1 YEAR<br>Months Days Hours Minutes |
| 6. DATE OF BIRTH (Month, Day, Year)<br>AUGUST 31, 1923  | 7. BIRTHPLACE (City and State or Foreign Country)<br>MILFORD, MASSACHUSETTS | 8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)<br>YES |   |
| 9a. PLACE OF DEATH (Check only one; see instructions on other side)<br>HOSPITAL: Inpatient _____ Outpatient _____ DOA _____ OTHER: Nursing Home _____ Residence <input checked="" type="checkbox"/> Other (Specify) _____ |   | 9b. INSIDE CITY LIMITS? (Yes or No)<br>YES                    |   |
| 3c. FACILITY NAME (If not institution, omit check and number)   |   | CITY/TOWN OR LOCATION OF DEATH                                |   |

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ARTICLES OF DISSOLUTION

**DOCUMENT NUMBER:** P98000006558

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN ADOMAITIS

(Name of Contact Person)

APPAREL WORLD INC

(Firm/Company)

6560 126TH AVE

(Address)

LARGO, FLORIDA 33773

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN ADOMAITIS

(Name of Contact Person)

at ( 727 ) 533-9331

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee     \$43.75 Filing Fee & Certificate of Status     \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)     \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION**

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

APPAREL WORLD, INC.

SECOND: The document number of the corporation (if known): P98000006558

THIRD: The file date of the articles of incorporation: 01/20/1988

FOURTH: (CHECK AT LEAST ONE BOX)

None of the corporation's shares have been issued.

The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

A majority of the incorporators authorized the dissolution.

A majority of the directors authorized the dissolution.

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TALLAHASSEE FLORIDA

Signature: John Adomaitis

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

JOHN ADOMAITIS

(Typed or printed name of person signing)

DIRECTOR

(Title of Person Signing)

**Filing Fee: \$35**