

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000015893

1. Corporation Name

IN UNISON SCHOOL APPAREL, INC.

Principal Place of Business

Mailing Address

10311 N.W. 10TH CT.
PLANTATION FL 33322

10311 N.W. 10TH CT.
PLANTATION FL 33322

FILED

99 JUL -9 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/18/1998

4. FEI Number

65-0818590

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 10060 W. McNab Road
Suite, Apt. #, etc.

26 10060 W. McNab Road
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Jamarac, FL
Zip Country

28 Jamarac, FL
Zip Country

24 33321

25 Broward

29 33321

30 Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FINKELSTEIN, MARC
817 S. UNIVERSITY DR. #109
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D FINKELSTEIN, MARCI
STREET ADDRESS 10311 N.W. 10TH CT.
CITY-ST-ZIP PLANTATION FL 33322

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 10060 West McNab Road
1.4 CITY-ST-ZIP Jamarac, FL 33321

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 700002937027-0
3.4 CITY-ST-ZIP -07/21/99--01003--017
*****150.00 *****150.00

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE: Marc Finkelstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.22.99

Date Daytime Phone #

0000210

CR2E034 (11/98)



June 25, 1999

To Whom It May Concern,

I am enclosing statement and a letter stating we did not receive this document after May 1st. We received their letter about two weeks ago. I spoke with Anthony at the Florida Dept. of State and he advised me to just pay the \$150.00 and waiver the \$400.00. I am enclosing check in the amount of \$150.00 to cover the filing fee.

Thank you for taking care of this matter.

Anne Zindberg
(Bookkeeper)

Sorry we ran out of checks. Please accept this counter check. Thank you.

10060 West McNab Road

Tamarac, Florida 33321

Telephone 954.718.7030

Fax 954.718.7060