

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S17500 (7)  
1. Corporation Name  
SUNSHINE APPAREL OF SARASOTA INCORPORATED

Principal Place of Business  
1610 NORTH GATE BL.  
SARASOTA FL 34234  
US

Mailing Address  
1610 NORTHGATE BL.  
SARASOTA FL 34234  
US

FILED

97 JUL 29 AM 8:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		11/26/1990		05/01/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0307664		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23		28		<input type="checkbox"/>		5.00 May Be Added to Fees	
Zip		Zip		6. Election Campaign Financing		Trust Fund Contribution	
24		29		30		<input type="checkbox"/>	
Country		Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
25		30					
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GEVERD, EMIL M. 5328 BIMINI BRADENTON FL 34210				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEVERD, EMIL M	1.2 NAME	000002258520--2
STREET ADDRESS	5328 BIMINI	1.3 STREET ADDRESS	-08/05/97--01095--002
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEVERD, VIRGINIA G	2.2 NAME	
STREET ADDRESS	5328 BIMINI	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 or changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (4/97)



SERVICE & IMPRINTED  
RESORTWEAR THAT  
CREATE RETAIL

pg. 2

**Sunshine**  
Apparel Inc.

July 22, 1997

Florida Secretary of State  
Div. of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Annual Returns-V09393(2), S17500(5),  
P95000017785(3), P96000045659,  
P96000043825(4)

Dear Madam Secretary,

On Friday, July 18, 1997, we received 2nd Notices on the above accounts. We had mailed our check #014883 on May 1, 1997 in the amount of \$825.00 along with the returns in one envelope to your offices. When I received the 2nd notices I called our bank and found the check was still outstanding. I then called your offices and ultimately spoke with Amy Allen, who informed me that the returns had been sent back for signature sometime in June. We never received any prior correspondence from your offices regarding these returns. Amy Allen advised me to write this letter, fill out the second notices, reissue five(5) separate checks in the amount of \$165.00 each and attach a copy of this letter to each redone return.

Thank you for your help in this matter.

Sincerely,

SUNSHINE APPAREL, INC. et al

  
D.E. Seeley,  
Accountant

DES:me