

**FILE NOW: FILING FEE AFTER MAY 1 1995 \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra Matheson  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

**95 APR 25 AM 8:48**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # S66745 (8)**  
1. Corporation Name  
**AMY KLAUSNER RESORT WEAR, INC.**

Principal Place of Business: **7101-22 CYPRESS LAKE DRIVE FT. MYERS FL 33907**  
Mailing Address: **7101-22 CYPRESS LAKE DRIVE FT. MYERS FL 33907**

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                  |         | 07/17/1991   | 04/07/1994                     |
| 22                             |         | 27                  |         | 4. FEI Number  | Applied For                    |
| City & State                   |         | City & State        |         | 65-0269609   | Not Applicable                 |
| 23                             |         | 28                  |         | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required |
| City & State                   |         | City & State        |         | <input type="checkbox"/>   | \$5.00 May Be Added to Fees    |
| 24                             |         | 29                  |         | 6. Election Campaign Financing Trust Fund Contribution   |                                |
| Zip                            | Country | Zip                 | Country | <input type="checkbox"/>   |                                |
| 25                             |         | 30                  |         | 6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |

|   |  |  |  |   |    |          |  |
|---|--|--|--|---|----|----------|--|
| 9. Name and Address of Current Registered Agent                                 |  |  |  | 10. Name and Address of New Registered Agent          |    |          |  |
| <b>KLAUSNER, SALLY W.<br/>7101-22 CYPRESS LAKE DRIVE<br/>FT. MYERS FL 33907</b> |  |  |  | 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: Sally W Klausner (Signature, typed or printed name of registered agent and title if applicable.)  
 (NOTE: Registered Agent signature required when reinstating)  
 DATE: 4/20/95

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------|---|---|
| TITLE                      | D                       | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KLAUSNER, SALLY W.      | 1.2 NAME  |   |
| STREET ADDRESS             | 7146 ESTERO BLVD. #713N | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | FT. MYERS FL            | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | D                       | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KALUSNER, AMY S.        | 2.2 NAME  |   |
| STREET ADDRESS             | 6300 S. POINTE BLVD.    | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | FT. MYERS FL            | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                         | 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                      |                         | 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                      |                         | 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                      |                         | 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: Sally W Klausner **SALLY W KLAUSNER** 4/20/95 813-482-5700  
 (Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date Here)