

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

FILED

Feb 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **V32395** (8)  
1. Corporation Name  
**NAUTICA OF DESTIN, INC.**



Principal Place of Business  
**5101 HWY 98 E  
5101 HIGHWAY 98 STREET  
DESTIN FL 32541  
US**

Mailing Address  
**40 WEST 57TH STREET  
3RD FLOOR  
NEW YORK NY 10019-4001  
US**

3. Date Incorporated or Qualified  
**04/29/1992**

3a. Date of Last Report  
**02/09/1996**

4. FEI Number  
**59-3125321**

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 has liability for intangible tax under s. 199.032, Florida Statutes  
☒ Yes ☐ No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
110 N MAGNOLIA ST  
TALLAHASSEE FL 32301**

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	VD	<input type="checkbox"/> DELETE	1.1 TITLE	SANDERS, HARVEY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDERS, HAVERY		1.2 NAME		
STREET ADDRESS	40 W 57 STR		1.3 STREET ADDRESS		
CITY - ST - ZIP	NEW YORK NY		1.4 CITY - ST - ZIP	10019	
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHU, DAVID		2.2 NAME		
STREET ADDRESS	40 W 57 STR		2.3 STREET ADDRESS		
CITY - ST - ZIP	NEW YORK NY		2.4 CITY - ST - ZIP	10019	
TITLE	TS	<input type="checkbox"/> DELETE	3.1 TITLE	PETROCCA, FRANK	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETROLA, FRANK		3.2 NAME		
STREET ADDRESS	40 WEST 57TH STREET		3.3 STREET ADDRESS		
CITY - ST - ZIP	NEW YORK NY		3.4 CITY - ST - ZIP	10019	
TITLE	P	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WETZLER, JOHN		4.2 NAME		
STREET ADDRESS	40 W 57 STR		4.3 STREET ADDRESS		
CITY - ST - ZIP	NEW YORK NY		4.4 CITY - ST - ZIP	10019	
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, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 1/31/97 Daytime Phone: 212 841 7180

CR2E034 (9/96)