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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # V32395**

NAUTICA OF DESTIN, INC.

Dringing! Diaco (
	of Business	Mailing Address						
6101 HWY 98 E 6101 HIGHWAY 98 STREET DESTIN FL 32541 US		40 WEST 57TH STREET 3RD FLOOR				- 161 21 110 00	MCE	
		NEW YORK NY 10019		DO NOT WRITE IN THIS SPACE				
		US			3. Date Incorporated or Qualifed			
3	,				04/29/1992			
Drive and Disc	on of Rusiness	2a. Mailing Address			4. FEI Number			olied For
2. Principal Plac	Ce Of Business	26			59-3125321			t Applicable
1		Suite, Apt. #, etc.					\$8.75 ₽	
Suite, Apt. #,	, etc.	27			5. Certifcate of Status Desired	<u> </u>	Fee Re	quired
2		City & State			6. Election Campaign Financing		\$5.00	May Be
City & State		28			Trust Fund Contribution	ш.	Added t	o Fees
3	Country	Zip	Country		8. This corporation owes the curre	nt year Intang	gible ,	
Zip	Country	<u>-</u>	1 .		Personal Property Tax.	_ {_	Yes	No No
4	25				10. Name and Address of New R	egistered Ag	ent	
	9. Name and Address of Current	Registered Agent	81	Name				
THE E	SYSTEM INC	<u> </u>						
	PRENTICE-HALL CORPORATION	OTOTEM, INC.	82	Street Ad	dress (P.O. Box Number is Not Accepta	Acceptable)		
	I MAGNOLIA ST		92	<u> </u>		Take D	£ 8.33	1.18.14
TALLA	AHASSEE FL 32301		83			- filts 3/2		
			84	City	Fig. 4 A Fig. 1992		85 Zip (Code ' '
			i _				i	rogistored
11 Pursuant to	the provisions of Sections 607.050	2 and 607 1508, Florida Statutes,	the abov	e-named co	orporation submits this statement for the ation's board of directors. I hereby accep	purpose or cri t the appointr	nent as re	gistered
office or re	gistered agent, or both, in the State of familiar with, and accept the obligation	of Florida, Such change was auth tions of Section 607,0505, Florida	orized by Statutes	гине согрога 5.	progration submits this statement for the lation's board of directors. I hereby accep	• •		,,,
agent. Lan	n tamiliar with, and accept the boliga-	abits of bootiest of the series						
SIGNATURE	Signature, typed or printed name of registered ager	t and title if apolicable. (NOTE: Re	aistered Age		uired when reinstating)	DATE		
				nt signature requ	and when the same and a			
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Secretary of State

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