

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
LINDA S. MATHIAS
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY - 1 11:34

DOCUMENT # **V44842** (5)

1. Corporation Name
JENNI'S SWIM & CRUISE WEAR, INC.

CORPORATION STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1700 PERIWINKLE WAY SUITE ONE SANIBEL ISLAND FL 33957

DO NOT WRITE IN THIS SPACE

2. Principal Kind of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/17/1992	3a. Date of Last Report 05/01/1994
21		26		4. FEI Number 65-0339632	Applied For Not Applicable
22	Scale Apt # etc.	27	Scale Apt # etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation has liability for intangible tax under S 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BRÔDEUR, RICHARD JOHN
1700 PERIWINKLE WAY
SUITE ONE
SANIBEL ISLAND FL 33957**

10. Name and Address of New Registered Agent

B1	Name	
B2	Street Address (P.O. Box Number is Not Acceptable)	
B3		
B4	City	FL
B5	Zip Code	

11. Pursuant to the provisions of Sections 607.050, 607.051 and 607.052, 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 607.050, Florida Statute.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of Registered Agent of an incorporated association

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 1995	
1. TITLE	PSD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	ANGOTTI, FREDERICK J.	2. NAME	
3. STREET ADDRESS	12761 KELLY SANDS WAY	3. STREET ADDRESS	
4. CITY & STATE	FORT MYERS FL	4. CITY & STATE	
5. TITLE	VTD	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	ANGOTTI, MARY VIRGINIA	6. NAME	
7. STREET ADDRESS	12761 KELLY SANDS WAY	7. STREET ADDRESS	
8. CITY & STATE	FORT MYERS FL	8. CITY & STATE	
9. TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY & STATE		12. CITY & STATE	
13. TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY & STATE		16. CITY & STATE	
17. TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY & STATE		20. CITY & STATE	

14. I do hereby certify that the information supplied with this filing is substantially true and correct and does not qualify for the exemption stated in Section 199.07(1)(b), Florida Statute. I further certify that the information included 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 available or one of the officers of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statute, and that my name appears on Block 12 to Block 13 of this report or on an attachment with an address.

SIGNATURE:

Virginia Angotti
SIGNATURE AND TITLE OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Virginia Angotti

4/29/95

(813) 472-6000