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Apr 29 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 # **K89160** (1)
1. Corporation Name
DESIGNERS EMBROIDERY/J.B. ATHLETIC, INC.



Principal Place of Business: **1639 FORUM PLACE, SUITE 3 WEST PALM BEACH FL 33401**
Mailing Address: **1639 FORUM PLACE, SUITE 3 WEST PALM BEACH FL 33401-2330**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 1027 N. Fla. Mango Rd.		26 1027 N. Fla. Mango Rd.		05/18/1989	05/01/1996
Suite, Apt. # etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22 Unit 3		27 UNIT 3		65-0126139	Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 West Palm Beach FL		28 West Palm Bch FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 33409	25	29 33409	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NEWKIRK, RONALD JAMES 1639 FORUM PLACE, SUITE 3 SUITE 107 WEST PALM BEACH FL 33401				81 Name NEWKIRK, RONALD JAMES			
				82 Street Address (P.O. Box Number is Not Acceptable) 1027 N. Fla. Mango Rd.			
				83 Unit 3			
				84 City West Palm Bch FL 85 Zip Code 33409			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D CRANSTON, MARY S	1.2 NAME	OWNER CRANSTON, MARY SUE
STREET ADDRESS	8540 FLORALWOOD DR.	1.3 STREET ADDRESS	12253 Rockledge Cir.
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Boca Raton FL 33428
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D NEWKIRK, RONALD JAMES	2.2 NAME	
STREET ADDRESS	6076 PINE NEEDLE LANE S.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D NEWKIRK, JEFFREY JAMES	3.2 NAME	OWNER NEWKIRK, JEFFREY JAMES
STREET ADDRESS	2204 MAPLEWOOD DRIVE	3.3 STREET ADDRESS	4252 Hunting Trail
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	Lake Worth, FL 33467
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 if changed, or on an attachment with an address.

SIGNATURE: *J. J. Newkirk* DATE: 4/16/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 561-683-9096

CR2E034 (9/96)