

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

**FILED**  
**Apr 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K89160 (1)**  
 1. Corporation Name  
**DESIGNERS EMBROIDERY/J.B. ATHLETIC, INC.**



Principal Place of Business <b>1027 N FLA MANGO ROAD                  UNIT #3                  WEST PALM BEACH FL 33409                  US</b>	Mailing Address <b>1027 N FLA MANGO ROAD                  UNIT #3                  WEST PALM BEACH FL 33409                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified <b>05/18/1989</b>	
4. FEI Number <b>65-0126139</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**NEWKIRK, RONALD JAMES  
 1027 N FLA MANGO ROAD  
 UNIT #3  
 WEST PALM BEACH FL 33409**

10. Name and Address of New Registered Agent

81 Name <b>MARY SUE CRANSTON</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>1027 N. FLA. MANGO RD.</b>	
83 <b>UNIT 3</b>	
84 City <b>WEST PALM BEACH FL</b>	85 Zip Code <b>33409</b>

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 changing with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Mary Sue Cranston* **MARY SUE CRANSTON** DATE **4-13-98**

12. OFFICERS AND DIRECTORS

TITLE	<b>0</b>	<input type="checkbox"/> DELETE
NAME	<b>CRANSTON, MARY S</b>	
STREET ADDRESS	<b>12253 ROCKLEDGE CIR</b>	
CITY - ST - ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>NEWKIRK, RONALD JAMES</b>	
STREET ADDRESS	<b>6076 PINE NEEDLE LANE S.</b>	
CITY - ST - ZIP	<b>LAKE WORTH FL</b>	
TITLE	<b>0</b>	<input type="checkbox"/> DELETE
NAME	<b>NEWKIRK, JEFFREY JAMES</b>	
STREET ADDRESS	<b>4252 HUNTING TRAIL</b>	
CITY - ST - ZIP	<b>LAKE WORTH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	<b>V/T/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I 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: *Mary Sue Cranston* **MARY SUE CRANSTON** DATE **4-13-98** **561-683-4096**

CR2E034 (10/97)