

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000024809

1. Corporation Name

CREATIVE ARTWEAR, INC.

Principal Place of Business	
AAA E DIVERGIGE DE HOO	

## **FILED** May 10, 1999 8:00 am Secretary of State

05-10-1999 90005 036 \*\*\*158.75



Principal Place	e of Business	Mailing Address					
141 E. RIVERSI		141 E. RIVERSIDE DR. #90					
JUPITER FL 334	469	JUPITER FL 33469			DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed		
					03/14/1997		ļ
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26			65-0745071	N.	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·		5. Certificate of Status Desired		Additional
22		27			5. Certificate of Status Desired	Fee R	equired
City & Stat	е	City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Countr	У	8. This corporation owes the current year Ir	tangible Yes	□No
24	25	29 3	0		Personal Property Tax.  10. Name and Address of New Registered		
	9. Name and Address of Curren	t Kegisterea Agent	8	1 Name		Agoni	
KFΔ	ys, sheri l		Ľ				
141	E. RIVERSIDE DR. #9C		8:	Stree	t Address (P.O. Box Number is Not Acceptable)		
	TER FL 33469		8:	3			
			Ĺ				
			84	4 City	FI	85   Zip	Code
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the abo	<u>.l</u> ve-name	d corporation submits this statement for the purpose oporation's board of directors. I hereby accept the apport		s registered
office or r agent. I a	egistered agent, or both, in the State m familiar with, and accept the obligation	of Florida. Such change was autitions of, Section 607.0505, Florid	horized by la Statute	y the cor s.	poration's board of directors. I hereby accept the apport	intment as re	egistered
SIGNATURE	Signature, typed or printed name of registered agen	at and title if poplicable /NOTE: R	enistered An		e required when reinstating) DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	PS	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	KEAYS, SHERI L		1.2 NAME				ì
STREET ADDRESS	141 E. RIVERSIDE DR. #9C		1.3 STRE	ET ADORES	s		}
CFTY-ST-ZIP	JUPITER FL 33469	_	1.4 CITY-	ST-ZiP			
TITLE	VT	☐ DELETE	2.1 TITLE			Change	Addition
NAME	KEAYS, CHRISTOPHER A		2.2 NAME	į,			
STREET ADDRESS	141 E. RIVERSIDE DR. #9C		2.3 STRE	ET ADDRES	s		-
CITY-ST-ZIP	JUPITER FL 33469		2 4 CITY	ST-ZIP		<del></del> :	
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STRE	ET ADORES			
CITY-ST-ZIP			3.4. CITY			(T) (0)-	
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAM	E			
STREET ADDRESS			4.3 STRE	ET ADDRES	s		
CITY-ST-ZIP		C Science	4.4 CITY-		<del> </del>	☐ Change	☐ Addition
TITLE		☐ DEFEIE	5.1 TITLE 5.2 NAME			□ onenge	
NAME					22		
STREET ADORESS				ET ADDRES	No.		
CITY-ST-ZIP		☐ DELETE	5.4 CITY- 6.1 TITLE			Change	☐ Addition
TITLE		☐ DELETE	6.2 NAME				
NAME				: Et addres			
STREET ADDRESS			6.3 STRE		33		

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, with all other like empowered.