

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

FILED

**May 08 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham, Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000047236 (9)
1. Corporation Name
BIA SPORTSWEAR, INC.



Principal Place of Business: 15073 CLOVERDALE DRIVE FORT MYERS FL 33919
Mailing Address: 15073 CLOVERDALE DRIVE FORT MYERS FL 33919

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-23)
2a. Mailing Address (24-26)

3. Date Incorporated or Qualified: 05/29/1997
4. FEI Number: 59-3449067
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
~~AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent
B1 Name: CHRISTINE R. SCHOLZ
B2 Street Address (P.O. Box Number is Not Acceptable): 15073 CLOVERDALE DR
B3
B4 City: FORT MYERS FL B5 Zip Code: 33919

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: CHRISTINE R. SCHOLZ
DATE: 4/13/98

12. OFFICERS AND DIRECTORS

TITLE	CFO	<input type="checkbox"/> DELETE
NAME	SCHOLZ, OLIVER	
STREET ADDRESS	15073 CLOVERDALE DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCHOLZ, OLIVER	
STREET ADDRESS	15073 CLOVERDALE DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHOLZ, CHRISTINE R	
STREET ADDRESS	15073 CLOVERDALE DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33919	
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	<input 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	<input 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, 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 omitted in attachment with an address.

SIGNATURE: Christine R. Scholz 4/13/98

CR2E034 (10/97)