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Aug 05, 1999 8:00 am
Secretary of State

08-05-1999 90009 015 ***550.00



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P 98000042186

1. Corporation Name
POWER 10 APPAREL INC.

| | |
|---|---|
| Principal Place of Business 5 SLEEPY HOLLOW COVE LONGWOOD FL 32779. | Mailing Address 5 SLEEPY HOLLOW COVE LONGWOOD FL 32750. |
|---|---|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
5-11-98

4. FEI Number **59-3512343** Applied For
 Not Applicable

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 the current year Intangible Personal Property Tax. Yes No

| | |
|---|--|
| 2. Principal Place of Business 5 SLEEPY HOLLOW COVE | 2a. Mailing Address 5 SLEEPY HOLLOW COVE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 23 City & State LONGWOOD FL 32779 | 28 City & State LONGWOOD FL |
| 24 Zip 32779. 25 Country U.S.A | 29 Zip 32779. 30 Country |

9. Name and Address of Current Registered Agent
**GERALDINE FOWLER
 5 SLEEPY HOLLOW COVE
 LONGWOOD FL 32750**

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name GERALDINE FOWLER |
| 82 Street Address (P.O. Box Number is Not Acceptable) 5 SLEEPY HOLLOW COVE |
| 83 |
| 84 City LONGWOOD FL 85 Zip Code 32750 |

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 *[Signature]* *[Signature]* **7/29/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | BRAM G FOWLER 5 SLEEPY HOLLOW COVE LONGWOOD FL 32750 <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | GERALDINE FOWLER 5 SLEEPY HOLLOW COVE LONGWOOD FL 32750 <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--|---|
| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | BRAM FOWLER OFF 5 SLEEPY HOLLOW COVE LONGWOOD FL 32750 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | GERALDINE FOWLER (P) 5 SLEEPY HOLLOW COVE LONGWOOD FL 32750 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

SIGNATURE: *[Signature]* *[Signature]* **7/29/99**