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Jan 14 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 # **V43137** **(1)**

1. Corporation Name
ULTIMATE INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
4290 OAK CIRCLE DR. BOCA RATON FL 33431 US	4290 OAK CIRCLE DR. BOCA RATON FL 33431 US

3. Date Incorporated or Qualified: 06/11/1992
3a. Date of Last Report: 05/21/1996

2. Principal Place of Business
21 4631 N. DIXIE HIGHWAY
22 Suite, Apt. #, etc.
23 City & State: BOCA RATON, FL
24 Zip: 33431 25 Country: USA

2a. Mailing Address
26 4631 N. DIXIE HIGHWAY
27 Suite, Apt. #, etc.
28 City & State: BOCA RATON, FL
29 Zip: 33431 30 Country: USA

4. FEI Number: 65-0365161 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WECKERING, KATHLEEN
2295 N.W. 53RD STREET
BOCA RATON FL 33496

10. Name and Address of New Registered Agent

81 Name: WECKERING, KATHLEEN
82 Street Address (P.O. Box Number is Not Acceptable): 1764 FIELDBROOK CIRCLE
83
84 City: BOCA RATON FL 85 Zip Code: 33496

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	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	WECKERING, DANIEL		1.2 NAME	WECKERING, DANIEL	
STREET ADDRESS	2295 N.W. 53RD ST.		1.3 STREET ADDRESS	1764 FIELDBROOK CIRCLE	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	STD	☐ DELETE	2.1 TITLE	STD	☒ Change ☐ Addition
NAME	WECKERING, KATHLEEN		2.2 NAME	WECKERING, KATHLEEN	
STREET ADDRESS	2295 N.W. 53RD ST.		2.3 STREET ADDRESS	1764 FIELDBROOK CIRCLE	
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE		☐ DELETE	3.1 TITLE	M	☐ Change ☒ Addition
NAME			3.2 NAME	ABOU-JAOUDE, CHRISTIANE	
STREET ADDRESS			3.3 STREET ADDRESS	1466 S.W. 25th AVE #D	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: [signature] 1/10/97 561-347-1631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0522126