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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 388080

(4)

TEPEE WESTERN WEAR, INC.

## **FILED** May 09 1997 8:00am Secretary of State

Principal Place of Business Mailing Address				
560 N STATE ROAD 7         3560 N STATE ROAD 7           IOLLYWOOD FL 33021         HOLLYWOOD FL 33021-2105				
74.5 1 4.1 1 4.1 1 5.1 1			3. Date Incorporated or Qualified 09/08/1971	3a. Date of Last Roport 04/25/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-1361856	Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Country Country	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Bo Added to Fees
24 25	29 30	ountry	8. This corporation has liability for in Florida Statutes	plangible tax under s. 199.032, Yes 🔲 No
9. Name and Address of Current Registered Agent		J	10. Name and Address of New Registered Agent	
FULLERTON, CHARLES F. 3560 N. STATE RD 7 HOLLYWOOD FL 33021		81 Name 82 Street Addre 83 84 City	Street Address (P.O. Box Number is Not Acceptable)	
11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat	02 and 607,1508, Florida Statutes, the a e of Florida, Such change was authorize	above-named corporation	oration submits this statement for the pu on's board of directors. I hereby accep	urpose of changing its registered

agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statute's SIGNATURE (NOTE Registered Agent signature required when re-instating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELFTE Change Addition 11300 **FULLERTON, CHARLES** MAME 1.2 NAME **3560 N STATE RD 7** STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD, FL 00000 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE Change Addition 2.1 THE FULLERTON, KAREN E 2.2 NAME 3560 N STATE RD 7 STREET ADDRESS 2.3 STREET ADDRESS HOLLYWOOD, FL 00000 CITY-ST-ZIP 2.4 CITY - ST - 7(P DELETE TITLE ☐ Change Addition 3.1 11116 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - 7IP DELETE Change Addition 4.1 HTLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE TITLE Addition 5.1 THLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1-2IP DELETE TITLE 6.1 TITLE ☐ Change \_\_\_ Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - \$1 - ZIP

for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the c and excurate and that my signature shall have the same legal effect as if made under eath; that cd to execute this report as required by Chapter 607, Horida Statutes; and that my name 14. I do hereby certify that the information indicated on this emilia