

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

FILED  
May 12 1997 8:00am  
Secretary of State

DOCUMENT # F96000004091 (2)

1. Corporation Name

EXTREME BODY WEAR INC.

Principal Place of Business

#6 NE 3RD ST  
POMPANO BCH FL 33064

Mailing Address

#6 NE 3RD ST  
POMPANO BCH FL 33060-6623

2. Principal Place of Business

21 1065 S.W. 15<sup>th</sup> AVENUE

Suite, Apt. #, etc.

22 C-12

City & State

23 DELRAY BEACH, FLORIDA

Zip

24 33444

Country

25 U.S.A.

2a. Mailing Address

26 1065 S.W. 15<sup>th</sup> AVENUE

Suite, Apt. #, etc.

27 C-12

City & State

28 DELRAY BEACH, FLORIDA

Zip

29 33444

Country

30 U.S.A.

g. Name and Address of Current Registered Agent

MURPHY, MIKE  
595 N OCEAN BLVD  
BOCA RATON FL 33432

3. Date Incorporated or Qualified

08/09/1996

3a. Date of Last Report

4. FEI Number

APPLIED FOR 65-0685261

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

MURPHY, MIKE

82 Street Address (P.O. Box Number is Not Acceptable)

4 ROYAL PALM WAY #107

83

84 City

BOCA RATON

FL

85 Zip Code

33432

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

MIKE MURPHY

Signature, typed or printed name of registered agent and title if applicable

(NOT: If no stored Agent signature required when re-installing)

4-28-97

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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.

CR2E034 (9/96)