

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

pg. 1 of 2

PROFIT CORPORATION
ANNUAL REPORT
90-197-97 RR

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

DOCUMENT # G 23433
1. Corporation Name
DEEIST SHIRTS, INC.

FILED
97 MAY 29 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
MICHAEL J. MAHONEY
57 E. BLUE HERON BLVD
RIVIERA BCH FL 33404

Mailing Address
SAME AS
PLACE OF
BUSINESS.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	2/9/1983	8/10/95
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	59-2278973	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	30	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	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MAHONEY, MICHAEL J. 57 E. BLUE HERON BLVD RIVIERA BCH. FL 33404	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	FL 85 Zip Code

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: Michael J. Mahoney PRESIDENT
(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

100002199011-3
-06/03/97-181010-008
****365.00 ****365.00

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: Michael J. Mahoney
5/5/97 (561) 842-5800

CH2E034 (9/96)



MAY 16, 1997

MRS. TREVOR BRUMBLEY
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314
REF # G23433

DEAR MADAM:

I AM WRITING TO YOU AS PER OUR TELEPHONE CONVERSATION ON MAY 16, 1997 REGARDING THE LETTER REF# G23433 TO CONFIRM THE AMOUNT TO BE SENT OF \$365.00 ONLY AND NOT THE AMOUNT THE LETTER#997A00025544 STATED. DUE TO NOT RECEIVING THE RENEWAL FORM AT THE RIGHT ADDRESS IN 1996 & 1997 WHICH IS 57 EAST BLUE HERON BLVD. RIVIERA BEACH FL 33404. I WILL MAKE SURE THAT FOR THE FOLLOWING YEAR THE FORM WILL BE ON MY HANDS SO I CAN SEND IT ON TIME.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT ME AT (561) 842-5800.

SINCERELY,

NORA MAHONEY
OFFICE MANAGER