FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 11 PM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J33459** **(5)**

1. Corporation Name

A1A ATHLETIC SPORTSWEAR, INC.

Principal Place of Business	Mailing Address
230 CARSWELL AVENUE HOLLY HILL FL 32117-4918	230 CARSWELL AVENUE HOLLY HILL FL 32117-4918

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/16/1986	04/28/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite Apt. # etc. 22	Suite Apt. # etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

4. FEI Number: 59-2732557 ☐ 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 activity for purposes tax under § 193.052, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FREDERICK, RONALD E.
25 GOLDEN OAK LANE
ORMOND BEACH FL 32074

10. Name and Address of New Registered Agent

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1. TITLE	☐ Change ☐ Addition
NAME	FREDERICK, CYNTHIA B.	1. NAME	
STREET ADDRESS	25 GOLDEN OAK	1. STREET ADDRESS	
CITY ST ZIP	ORMOND BEACH FL	1. CITY ST ZIP	
TITLE	P	2. TITLE	☐ Change ☐ Addition
NAME	FREDERICK, RONALD EDWARD	2. NAME	
STREET ADDRESS	25 GOLDEN OAK	2. STREET ADDRESS	
CITY ST ZIP	ORMOND BEACH FL	2. CITY ST ZIP	
TITLE		3. TITLE	☐ Change ☐ Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY ST ZIP		3. CITY ST ZIP	
TITLE		4. TITLE	☐ Change ☐ Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY ST ZIP		4. CITY ST ZIP	
TITLE		5. TITLE	☐ Change ☐ Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY ST ZIP		5. CITY ST ZIP	
TITLE		6. TITLE	☐ Change ☐ Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY ST ZIP		6. CITY ST ZIP	

14. I declare I certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 1, or Block 13 if changed, or on any attachment with an address.

SIGNATURE: Cynthia B. Frederick 5/4/95 (904) 239-9707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008442 CP