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PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J38494

SURF & TURF SPORTSWEAR, INC.

FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State Secretary of State DIVISION OF CORPORATIONS 1999 03-16-1999 90120 027 ***150.00

FILED Mar 16, 1999 8:00 am



Mailing Address Principal Place of Business 10414 FRONT BEACH ROAD 10414 FRONT BEACH ROAD 3412 NORTH OCEAN BLVD. 3412 NORTH OCEAN BLVD. DO NOT WRITE IN THIS SPACE PANAMA CITY BEACH FL 32407 PANAMA CITY BEACH FL 32407 US 3. Date Incorporated or Qualifed 10/20/1986 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-2735217 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certifcate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box Trust Fund Contribution Added to Fees 23 28 Country This corporation owes the current year Intangible Zip Country Zıp ŽΝο 25 30) Personal Property Tax ☐ Yes 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 HAIBACH, RONALD Street Address (P.O. Box Number is Not Acceptable) 82 10414 FRONT BEACH ROAD PANAMA CITY BECH FL 32407 83 Zip Code 84 City 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change ☐ Addition DΡ DELETE : 1 Title TITLE HAIBACH, RONALD 1.2 NAME NAME 3412 NORTH OCEAN BLVD. 13 STREET ADDRESS STREET ADDRESS FT.LAUDERDALE FL 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE NAME 2.2 NAME 2 3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP [] Change Adultion DELETE TITLE 3.2 VAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34_CITY-ST-ZIP CITY-ST-ZIP Change Acdition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition Change DELETE TITLE 5 1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE 6: TITLE ☐ Change Addition TITLE 6.2 NAME 6 3 STREET ADDRESS STREET ADDRESS 64 CITY+ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 equired by Chapter 607. Florida Statutes: and that my name appears in Block 12 or Block 13 if changed, or on an attachment with the address, with all other like empowered.

SIGNATURE:

R2E034 (11/98