FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

DIVISION OF CORPORATIONS

Secretary of State

1996

DOCUM 1. Corporation N		81 (8)						
	S SPORTSWEAR FACTO	PRY OUTLET, INC.						<u> </u>
Principal Place of	f Business	Mailing Address						
% JOSEPH SALVINO 7627 ULMERTON RD LARGO FL 34641		% JOSEPH SALVINO 7627 ULMERTON RD LARGO FL 34641						
					3. Date Incorporated or Qualified 01/20/1988		e of Last Report)2/28/1995	
2. Principal Piac	e of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				59-2863718		Not Applicable \$8.75 Additional
Suite, Apt. #,	etc.	Suite, Apr. #, etc				Certificate of Status Desired		Fee Required
22		City & State				6. Election Campaign Financing		\$5.00 May Be
City & State		28				Trust Fund Contribution		Added to Fees
Zip	Country	Zip	Cour	try		8. This corporation has liability for		tax under s 199.032,
24	25	29	30			Florida Statutes Yes 10. Name and Address of New F	No No	Agent
	9. Name and Address of Cur	rent Registered Agent		81	Nanie	10. Name and Address of New F	registered	y Agenr
				۱'				
SALVINO, JOSEPH				82	Street Add	Iress (P.O. Box Number is Not Acceptal	ble)	
	MERTON RD		}	83				
LARGO F	FL 33541							lee 7 - Code
				84	City		FI	L 85 Zip Gode
familiar with	d agent, or both, in the drawe or not and accept the obligations of, S synamic types or prosessions of registereds	еслап <i>бол ова</i> в, полаа закова	it, kijsmed			and of directors. Thereby accept the application of the policy of the po	DATE	
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	LICENS AIN	Change Addition
TITLE	D DOCERIA	DELETE	1 1 1					
NAME	SALVINO, JOSEPH 7627 ULMERTON RD		12 N		ADDHESS			
STREET ADDRESS	LARGO FL				SI - ZIF			
CITY-ST-ZIP	LANGO FL	[] DELFTE	2 1 1	_				Change Addition
TITLE NAME			22 N	AME	ŀ			
STREET ADDRESS			235	REEL	ADDRESS			
CITY - ST - ZIF			240	Ιγ. <u>9</u>	SE - ZIP			
TITLE		☐ DELETE	3 1 1	TLE				☐ Change ☐ Addition
NAMÉ			32 N	AME				
STREE! ADDRESS			1		T ADDRESS			
CITY-ST ZIP		- FIRE			51 - ZIP			Change Addition
TITLE		☐ DEFE IF	4 1 1					
NAME			42 N		1 ADDRESS			
STREET ADDRESS			1		ST-ZIF			
CITY-ST-ZIP		DELÉ I E	5 1					Change Addition
TITLE		hand	5 2 N		1			
NAME STREET ADORESS					T ADDRESS			
CITY-ST-ZIP			546)1Y-	ST-ZIP			
TITLE		☐ DELETE	6 1	TILE				Change Addition
NAME			621	AM:				
1	1			TOCE	** ***********			

CITY-S1-ZIP

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes: I further certify that the information indicated on this auriual report or supplier ental 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 coefficient or further everyor 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 granged of the an attachment with an address.

SIGNATURE:

SIGNATURE YNA TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

× 813-531-8897