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

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

FILED
Apr 16 1998 8:00am
Secretary of State

DOCUMENT # K72892   (8)

1. Corporation Name
SHEEP'S CLOTHING, INC.

Principal Place of Business	Mailing Address
2655 W 76TH ST HIALEAH FL 33016 US	2655 W 76TH ST HIALEAH FL 33016 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/15/1989

2. Principal Place of Business	2a. Mailing Address	4. FEI Number **65-0110200**	Applied For / Not Applicable
21	**26**		
Suite, Apt. #, etc. **22**	Suite, Apt. #, etc. **27**	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State **23**	City & State **28**	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip **24**	Country **25**	Zip **29**	Country **30**	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DAYE, ALEXANDER 1590 S.W 116 AVENUE #219 PEMBROKE PINES FL 33025	**81** Name Daye, Alexander **82** Street Address (P.O. Box Number is Not Acceptable) 385 SW 122 Terr **83** **84** City Pembroke Pines FL **85** Zip Code 33025

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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

CR2E034 (10/97)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **P** NAME **DAYE, ALEXANDER** STREET ADDRESS **6395 GAGE PLACE #202A** CITY-ST-ZIP **MIAMI LAKES FL**	☐ DELETE	1.1 TITLE **P** 1.2 NAME **Alexander Daye** 1.3 STREET ADDRESS **385 SW 122 Terr** 1.4 CITY-ST-ZIP **Pembroke Pines, FL**	☒ Change ☐ Addition
TITLE **VP** NAME **FECHT, ROBERT M JR.** STREET ADDRESS **11201 SW 55TH ST, BOX 250** CITY-ST-ZIP **MIRAMAR FL**	☐ DELETE	2.1 TITLE **VP** 2.2 NAME **Fecht, Robert M Jr.** 2.3 STREET ADDRESS **6130 Portsmouth Lane** 2.4 CITY-ST-ZIP **Davie, FL**	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I 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 an attachment with an address.

SIGNATURE: _____ Alexander Daye 1-6-98 305-826-9250