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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K77148 1. Corporation Name

SWAGO CUSTOM APPAREL, INC.

CHANGED 1/11/99

SWAGO T-SHIRTS, INC.

Mailing Address

Principal Place of Business 232 N.E. 33 STREET

232 N.E. 33 STREET

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90068 035 ***150.00



FORT LAUDERDALE FL 33334		FORT LAUDERDALE FL 3	FORT LAUDERDALE FL 33334		DO NOT WRITE IN THIS SPACE		
					3. Date Ir corporated or Qualifed		
					04/03/1989		
2. Principa P	lace of Business	2a. Mailing Address	_		4. FEI Number		Applied For
21		26	26		65-01101 <u>30</u>		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	.	5 Additional Recuired
22		City & State			- Floring Committee Financian	CE (00
City & Stat	е	28			6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
23 Zip	Country	Zip	Count	rv	This corporation owes the current year		
	25	⊢	29 30		Personal Property Tax.		
24		f Current Registered Agent	130		10. Name and Address of New Register	ed Agent	
	3. Name and Address o	Tourier Registered Agent		1 Name			
SCH	ATZMAN, ARNOLD D., ES	SO.	L				
	ATZMAN & SCHATZMAN		8	2 Street A	Acdress (P.O. Box Number is Not Acceptable)		
9200	SOLDADELAND BLVD. S	STE 700	8	3		-	
	MI F/ 33 56		L				
			8	4 City	F	=L 85 ²	Zip Code
44 Purcuant	to he provisions of Sections	607 0502 and 607 1508 Florida Stati	utes, the abo	ve-named o			its registered
office cr	egistered agent, or both, in the	ne State of Florida. Such change was	authorized b	y the corpo	corporation submits this statement for the purpose tion's board of cirectors. I hereby accept the a	pointment as	s reg stered
agent. a	m rentiliar with, and accept the	ne obligations of, Section 607.0505, F	ionda Statuti	es.	C4/1-9	i 44	L
SIGNATURE		gistered agent and title if applicable (NO	T.: Panistared A	aent eignature re	equired when reinstating)	`///	
40		CERS AND DIRECTORS	13.	gent signature re	ADDITIONS/CHANGES TO OFFICERS		CTOF S IN 12
12.	PD	DELETE	1.1 TITLE	: 1	7,0011111111111111111111111111111111111	☐ Chan	
NAME	LIEBERBAUM, JONATH		1.2 NAM	i			
STREET ADDRESS	121 E 3RD COURT	DI I		EET ADDRESS]
	MIAMI BEACH FL			-ST-ZIP			İ
CITY-ST-ZIP	TD	☐ DELETE	2.1 TITL			Chan	nge Addition
NAME	LIEBERMAN, KIMBERLY		2.2 NAM				
	121 E 3RD COURT			EET ADDRESS			
STREET ADDRESS	MIAMI BEACH FL 3313	a		-ST-ZIP			
CITY-ST-ZIP TITLE	S	☐ DELETE	3,1 TITLI	-		Chan	nge Addition
	-		3.2 NAM	İ			
NAME	AZIZ, SHARON 10007-2 NW 83 ST			EET ADDRESS			}
STREET ADDRE 3S	TAMARAC FL 33321			İ			I
CITY-ST-ZIP	TAMANAC PL 33321	☐ DELETE	4,1 TITL	/-ST-ZIP		Char	nge Addition
NAME			4. 2 NAA			_	
NAME STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP			4.4 CITY	I			
TITLE		☐ DELETE	5.1 TITL			Char	nge Addition
NAME			5.2 NAM				
STREET ADDRESS			5.3 STR	EET ADDRESS			
CITY-ST-ZIP			5.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	6.1 TITL	E		Chan	nge Addition
NAME			6.2 NAM	E			
Į.			63 STR	EET ADDRESS			
STREET ADDRESS	[-ST-ZIP			
CITY_ST. 7ID	1 1		V.7 (111		1		

14. Thereby 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 of supplemental innual 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 completation or the receiver or trustee empowered to execute this report as recuired 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR