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FILED

Apr 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K89160 (1)

1. Corporation Name

DESIGNERS EMBROIDERY/J.B. ATHLETIC, INC.

Principal Place of Business

1639 FORUM PLACE, SUITE 3  
WEST PALM BEACH FL 33401

Mailing Address

1639 FORUM PLACE, SUITE 3  
WEST PALM BEACH FL 33401-2330

3. Date Incorporated or Qualified  
05/18/1989

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 1027 N. Fla. Mango Rd.

2a. Mailing Address

26 1027 N. Fla. Mango Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Unit 3

27 UNIT 3

City & State

City & State

23 West Palm Beach FL

28 West Palm Bch FL

Zip

Country

Zip

Country

24 33409

29 33409

30

4. FEI Number

65-0126139

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 liability for intangible tax under s. 199.032,  
Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

NEWKIRK, RONALD JAMES  
1639 FORUM PLACE, SUITE 3  
SUITE 107  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

NEWKIRK, RONALD JAMES

82 Street Address (P.O. Box Number is Not Acceptable)

1027 N. Fla. Mango Rd.

83 Unit 3

84 City

West Palm Bch

FL

85 Zip Code

33409

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

12. OFFICERS AND DIRECTORS

TITLE D  
NAME CRANSTON, MARY S  
STREET ADDRESS 8540 FLORALWOOD DR.  
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE D  
NAME NEWKIRK, RONALD JAMES  
STREET ADDRESS 6076 PINE NEEDLE LANE S.  
CITY-ST-ZIP LAKE WORTH FL

☐ DELETE

TITLE D  
NAME NEWKIRK, JEFFREY JAMES  
STREET ADDRESS 2204 MAPLEWOOD DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE OWNER  
1.2 NAME CRANSTON, MARY SUE  
1.3 STREET ADDRESS 12253 Rockledge Cir.  
1.4 CITY-ST-ZIP Boca Raton FL 33428

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE OWNER  
3.2 NAME NEWKIRK, JEFFREY JAMES  
3.3 STREET ADDRESS 4252 Hunting Trail  
3.4 CITY-ST-ZIP Lake Worth, FL 33467

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/97

561-683-9096

Date Daytime Phone #

CR2E034 (9/96)