FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M26593** **(7)**

1. Corporation Name

NEW ATTITUDE HEADWEAR, INC.

Principal Place of Business

3340 N.W. 67TH STREET
MIAMI FL 33147

Mailing Address

3340 N.W. 67TH STREET
MIAMI FL 33147

3. Date Incorporated or Qualified: **01/29/1986**

3a. Date of Last Report: **01/19/1995**

4. FEI Number: **59-2636833** ☐ 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. Does corporation owe any Florida sales tax? ☐ Yes ☒ No

2. Principal Place of Business

21 | 22 | 23 | 24 | 25

2a. Mailing Address

26 | 27 | 28 | 29 | 30

9. Name and Address of Current Registered Agent

GORDON, JEFFREY
3340 N.W. 67TH STREET
MIAMI FL 33147

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.1505, Florida Statutes, the undersigned submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The name and address of the registered agent and the registered office before any change are set forth above. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

DATE

12. OFFICER AND DIRECTOR(S)

TITLE	DP	☐ DIRECTOR
NAME	GORDON, JEFFREY	
STREET ADDRESS	3340 N.W. 67TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	☐ DIRECTOR
NAME	GORDON, FLORENCE	
STREET ADDRESS	3340 N.W. 67TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DIRECTOR
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DIRECTOR
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DIRECTOR
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DIRECTOR
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

51 TITLE	☐ Change	☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
55 TITLE	☐ Change	☐ Addition
56 NAME		
57 STREET ADDRESS		
58 CITY-ST-ZIP		
59 TITLE	☐ Change	☐ Addition
60 NAME		
61 STREET ADDRESS		
62 CITY-ST-ZIP		
63 TITLE	☐ Change	☐ Addition
64 NAME		
65 STREET ADDRESS		
66 CITY-ST-ZIP		
67 TITLE	☐ Change	☐ Addition
68 NAME		
69 STREET ADDRESS		
70 CITY-ST-ZIP		
71 TITLE	☐ Change	☐ Addition
72 NAME		
73 STREET ADDRESS		
74 CITY-ST-ZIP		

CR2E034 (12/95)

14. I hereby certify that the information supplied with this filing complies with the requirements of Section 607.0122, Florida Statutes. I further certify that the information indicated on this report or supplemental requirements of this report, other than any required amendment, 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 above, or on an attachment with all other like empowered.

SIGNATURE: *J M Gordon* 4/8/96 305-836-2420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER