Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90123 008 ***150.00

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

1. Corporation Name

NEW AI	TITUDE HEADWEAR, INC	•							
Principal Place	e of Business	Mailing Address				I HABINATI ILO ELDIA DELOLI ALEXE IB	188 (111 B181) B181	8190 B101 8 1	9 11 9 1811 1993
3340 N.W. 67TH STREET 3340 N.W. 67TH STREET MIAMI FL 33147 MIAMI FL 33147			TREET			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						01/29/1986			
2 Principal P	lace of Business	2a. Mailing Addre	SS			4. FEI Number		App	lied For
21		26				59-2636833		Not	Applicable
Suite, Apt.	#. etc.	Suite, Apt. #,	etc.					\$8.75 Ad	dditional
22		27				5. Certifcate of Status Desired		Fee Req	luired
City & State	e	City & State		-		6. Election Campaign Financing		\$5.00 N	May Be
23	•	28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	С	ountry	,	8. This corporation owes the curr	ent year Intan	igible	
24	25	29	30			Personal Property Tax.	[☐Yes [□No
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New F	legistered Ag	gent	
				81	Name				
GORDON, JEFFREY				82	Street A	Address (P.O. Box Number is Not Accepta	able)		
3340 N.W. 67TH STREET				"	Chooty	idaloss (r.io. Box italinos is that risospis	_		
MIAI	MI FL 33147			83					
				_				05 7:- 0	
	•			84	City		FL	85 Zip C	ode
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the ob	ate of Flonda. Such chang	je was authoriz	ed by	the corpor	corporation submits this statement for the ration's board of directors. I hereby accept	purpose of ch at the appoint	anging its r nent as reg	egistered istered
SIGNATURE			Alore D	77447		quired when reinstating)	DATE		
12.	Signature, typed or printed name of registered	AND DIRECTORS		3.	nt signature re	ADDITIONS/CHANGES TO OF	_	DIRECTOR	RS IN 12
TITLE	DP OFFICERS	DIRECTORS DE		TITLE		7.0011010701111000110		Change	Addition
	GORDON, JEFFREY			NAME			,	_ ,	
NAME	3340 N.W. 67TH ST.				TADDRESS				
STREET ADDRESS									
CITY-ST-ZIP	MIAMI FL			CITY-S	T-ZIP			Change	Addition
TITLE	ST SORDAN FLOORINGE		I -		- 1		'		
NAME	GORDON, FLORENCE		and the second	NAME					
STREET ADDRESS	3340 N.W. 67TH ST.		1		TADDRESS				i
CITY-ST-ZIP	MIAMI FL			4 CITY-S	ST-ZIP			 ☐ Change	Addition
TITLE	المساح الأشان شابيا الما	Li.DE		1-TTLE	~ `				
NAME				NAME	Į			•	
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP				4. CITY-S	ST-ZIP			[] Cherry	[] A dditta.
TITLE		☐ DE		TITLE				Change	Addition
NAME			4.	2 NAME					
STREET ADDRESS			4.3	STREE	TADORESS				
CITY-ST-ZIP				4 CITY-S	T-ZIP				
TITLE		[] DE	LETE 5.	TITLE				☐ 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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

GUATURE REQUIRED

☐ DELETE

Change

☐ Addition