

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 # P33797 (2)

1. Corporation Name
ATLB SPORTSWEAR, INC.



Principal Place of Business: **5300 NORTHWEST 165TH STREET HIALEAH FL 33014-6233**
Mailing Address: **5300 NORTHWEST 165TH STREET HIALEAH FL 33014-6233**

3. Date Incorporated or Qualified: **05/03/1991**
3a. Date of Last Report: **09/26/1995**
4. FEI Number: **13-3453034**
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

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 27
Zip: 24
Country: 25
City & State: 28
Zip: 29
Country: 30

9. Name and Address of Current Registered Agent

Edward Coyle
~~XXXXXXXXXX~~
**5300 NW 165TH ST.
HIALEAH FL 33014**

10. Name and Address of New Registered Agent

81 Name: **Edward Coyle**
82 Street Address (P.O. Box Number is Not Acceptable): **5300 NW 165th St.**
83
84 City: **Hialeah** FL 85 Zip Code: **33014**

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	COYLE, EDWARD	
STREET ADDRESS	111 DEER BLVD. #105	
CITY-ST-ZIP	DEERFIELD BCH. FL 33442	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHNEIDER, ALLEN	
STREET ADDRESS	1 GLENS WEST	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SANTO, JOSEPH	
STREET ADDRESS	6149 NW 23RD ROAD	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	S	<input type="checkbox"/> DELETE
NAME	Matthew LaFatta	
STREET ADDRESS	8056 HIDDENVIEW TERR.	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	G	<input type="checkbox"/> DELETE
NAME	Gary Schneider	
STREET ADDRESS	5505 N. MILITARY TRAIL #313	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Edward Coyle** **2-19-96** **305-620-8880**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)