FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 25 AM 11:10

DOCUMENT # P93000001062 (7)

1. Corporation Name
MLXL SPORTSWEAR INCORPORATED

Principal Place of Business	Mailing Address
945 PALM VALLEY RD PONTE VEDRA BCH FL 32082 US	P.O. BOX 470 PONTE VEDRA BEACH FL 32004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1992	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3145366	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	2a. Mailing Address
21 4549 ST. AUGUSTINE RD	26 P.O. BOX 10637
Suite, Apt. #, etc.: 22 16	Suite, Apt. #, etc.: 27
City & State: 23 JACKSONVILLE, FLORIDA	City & State: 28 JACKSONVILLE, FLORIDA
Zip: 24 32207 / County: 25 U.S.A.	Zip: 29 32247 / County: 30 U.S.A.

9. Name and Address of Current Registered Agent

BERGER, LAWRENCE S
2251 SAINT JOHNS BLUFF ROAD
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name: LAWRENCE BERGER
82 Street Address (P.O. Box Number is Not Acceptable): 4549 ST. AUGUSTINE RD
83: BLDG - 16
84 City: JACKSONVILLE, FL 85 Zip Code: 32207

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: _____ 5-22-95
Signature, typed or printed name of registered agent, and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☑ Change ☐ Addition
NAME	PECCI, LOUIS J	12 NAME	
STREET ADDRESS	5419 BASQUE COURT	13 STREET ADDRESS	DELETE LOUIS J PECCI
CITY-ST-ZIP	JACKSONVILLE FL 32257	14 CITY-ST-ZIP	NO LONGER AN OFFICER / DIRECTOR
TITLE	D	21 TITLE	C, T, S, D ☑ Change ☐ Addition
NAME	BERGER, LAWRENCE S	22 NAME	
STREET ADDRESS	177 SEA HAMMOCK WAY	23 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	24 CITY-ST-ZIP	
TITLE		31 TITLE	P, D ☐ Change ☑ Addition
NAME		32 NAME	PETER J. MALOY
STREET ADDRESS		33 STREET ADDRESS	812 N. WATERMAN DR
CITY-ST-ZIP		34 CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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 added by attachment with an address.

SIGNATURE: _____ LAWRENCE BERGER 5-22-95 904-733-0126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008787 CP