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

APPROVED AND FILED

'95 MAR -6 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000019687 (1)**

1. Corporation Name
W-TWO SPORTSWEAR CORPORATION

Principal Place of Business	Mailing Address
3203 LAUREL OAK LN HOLLYWOOD FL 33021	3203 LAUREL OAK LN HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/11/1993**
3a. Date of Last Report: **01/25/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **65-0397124** ☐ 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

MUSKAT, ARNIE S
16855 NE SECOND AVE
SUITE 305
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name: WILLIAM ALLEN
82 Street Address (P.O. Box Number is Not Acceptable): 3203 LAUREL OAK LANE
83:
84 City: HOLLYWOOD FL 85 Zip Code: 33021

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: _____ 2-2-95
(Typed or Printed Name of Registered Agent and Title if Applicable) (Typed or Printed Name of Registered Agent and Title if Applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Add
NAME	ALLEN, WILLIAM A	12 NAME	
STREET ADDRESS	19710 SAWGRASS DR	13 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	
TITLE	DS	21 TITLE	☐ Change ☐ Add
NAME	ALLEN, JODI	22 NAME	
STREET ADDRESS	3203 LAUREL OAK LN	23 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	24 CITY-ST-ZIP	
~~TITLE~~	~~DV~~	31 TITLE	☐ Change ☐ Add
~~NAME~~	~~KAPLAN, WARREN A~~	32 NAME	
~~STREET ADDRESS~~	~~1560 NE 108TH ST~~	33 STREET ADDRESS	
~~CITY-ST-ZIP~~	~~MIAMI FL 33161~~	34 CITY-ST-ZIP	
~~TITLE~~	~~DT~~	41 TITLE	☐ Change ☐ Add
~~NAME~~	~~KAPLAN, ADA~~	42 NAME	
~~STREET ADDRESS~~	~~1560 NE 108TH ST~~	43 STREET ADDRESS	
~~CITY-ST-ZIP~~	~~MIAMI FL 33161~~	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Add
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Add
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. To the best of my knowledge and belief, the information supplied with this filing is complete and accurate. I further certify that I am familiar with and that 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: _____ 2-2-95 (305)653544
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0003447 CP