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PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 03/11/1993
3a. Date of Last Report: 03/06/1995

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

2. Principal Place of Business	2a. Mailing Address
21 20855 N.E. 16 AVE.	26 3540 N. 33RD TERR
22 Suite, Apt. #, etc. C-40	27 Suite, Apt. #, etc.
23 City & State MIAMI FLA.	28 City & State HOLLYWOOD FLA
24 Zip 33179 25 Country DADE	29 Zip 33021 30 Country BROWARD

9. Name and Address of Current Registered Agent

ALLEN, WILLIAM
3203 LAUREL OAK LANE
SUITE 305
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name: ALLEN, WILLIAM
82 Street Address (P.O. Box Number is Not Acceptable): 3540 N. 33RD TERR
83
84 City: HOLLYWOOD FL 85 Zip Code: 33021

11. Pursuant to the provisions of Sections 607.0505 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of New Registered Agent, if changing) (Name of New Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME: ALLEN, WILLIAM A		1.2 NAME: ALLEN, WILLIAM A	
STREET ADDRESS: 19710 SAWGRASS DR		1.3 STREET ADDRESS: 3540 N. 33RD TERR	
CITY-ST-ZIP: BOCA RATON FL		1.4 CITY-ST-ZIP: HOLLYWOOD FLA 33021	
TITLE: DS	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME: ALLEN, JODI		2.2 NAME: ALLEN, JODI	
STREET ADDRESS: 3203 LAUREL OAK LN		2.3 STREET ADDRESS: 3540 N. 33RD TERR	
CITY-ST-ZIP: HOLLYWOOD FL 33021		2.4 CITY-ST-ZIP: HOLLYWOOD FLA. 33021	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 on an attachment with an address.

SIGNATURE: WILLIAM ALLEN 1-2096 305 653-8544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)