## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998

-1



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** P93000065516 (5)

## **FILED** Apr 13 1998 8:00am Secretary of State

FRESH GEAR XL INC. Principal Place of Business Mailing Address 549 ESTATES PLACE **549 ESTATES PLACE** LONGWOOD FL 32778 LONGWOOD FL 32779 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/21/1993 2. Principal Place of Business 2a. Mailing Address Applied For 59-3204775 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 29 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name DE BELLAS, JEAN **549 ESTATES PLACE** 82 Street Address (P.O. Box Number is Not Acceptable) LONGWOOD FL 32779 83 City Zip Code 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** Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE Addition Change DE BELLAS, JEAN 1.2 NAME NAME **549 ESTATES PLACE** 1.3 STREET ADDRESS STREET ADDRESS LONGWOOD FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 71TLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ■ Addition 51 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP DELETE 6.1 TITLE Change ☐ Addition 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby 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.

SIGNATURE:

Dear DeBellas dean DeBellas 4.6.98 407-869-