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ANNUAL REPORT 1996



Sandra B. Morthani Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000068725 (8		P94000068725	(8)
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Country

9. Name and Address of Current Registered Agent

25

STE. 2600, 1 INDEPENDENT DR. JACKSONVILLE FL 32256

TINKER WEAR, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Zıp

Mailing Address

2a. Mailing Address

Oity & State

Suite, Apt. #, etc

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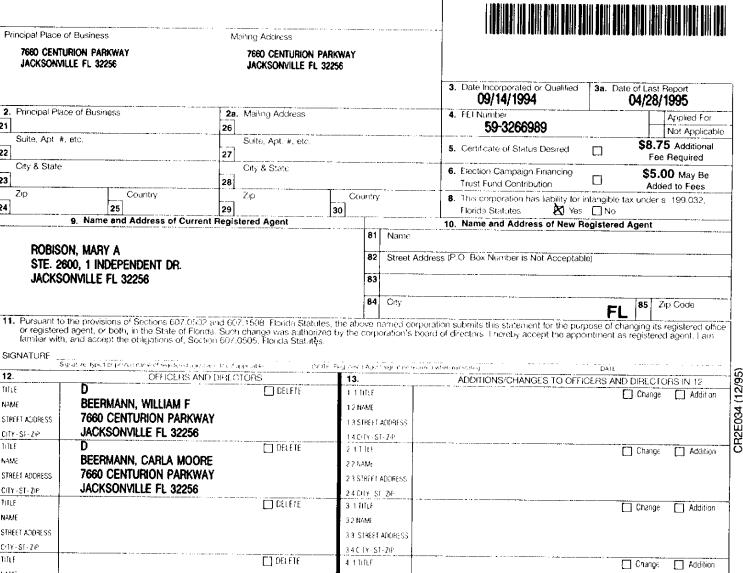
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29

7660 CENTURION PARKWAY JACKSONVILLE FL 32256

ROBISON, MARY A

7660 CENTURION PARKWAY JACKSONVILLE FL 32256



Signative typical or printed mane of requisions upon according diapproats (Wille Beg over Agent sgrinnere. 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE. 1.1 DIEE BEERMANN, WILLIAM F NAME 1.2 NAME **7660 CENTURION PARKWAY** STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32256 CITY-SI-ZIP 1.4 C+FY - ST - Z+F\* TITLE DELETE 2.17165 BEERMANN, CARLA MOORE NAME 22 NAME 7660 CENTURION PARKWAY STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32256 CITY-ST-ZIF 2.4 CUTY ST ZIE TITLE DELETE 3 1 TITUE NAME 3.2 NAM6 STREET ADDRESS 3.3 STREET ADDRESS CHY-ST-ZIP 3.4.C.1Y - ST - ZIP TITLE [] DELETE 4.1 TITLE NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CHY-ST ZIP TITLE DELETE 5 1 THEE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-7IP 5.4 CHY+ST, ZIP DELETE 1:TLE € 1 TillE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST-ZIP 64 CITY - S1 - 21P

Country

81 Name

83 84 City

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14. I do hereby certify that the information supplied with this farget, voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b). 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 cath; that I am an officer or director of the confurction or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13/if changed by or an attactor but it an address.

SIGNATURE:

O TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dautine Phone #