FILED

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90219 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000091230

1. Corporation Name

TEK SPORTSWEAR, INC.

		Mailing Address			, 						
·	ace of Business	Mailing Address				}					
2315 STIRLING ROAD FT LAUDERDALE FL 33312		2315 STIRLING ROAD FT LAUDERDALE FL 33312									
ĺ							DO NOT WRIT	E IN THIS	SPAC	<u>:E</u>	
							Date Incorporated or Qualifed 12/16/1994				
2. Principal	Place of Business	2a. Mailing Address				4.	FEI Number		L	Applied For	
21		26				ľ	65-0555074			Not Applicable	
	pt. #, etc.	Suite, Apt. #, etc.	- n ' • ' ' • ' • • • •			5.	Certificate of Status Desired	□ . -	•	.75 Additional ee Required	
City & State		City & State	City & State			6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip				ntry		8. This corporation owes the current year Intangible					
⊢ .	25		30			٥.	Personal Property Tax.	one your man	Ye		
25 29 30 30				r—		10. Name and Address of New Registered Agent					
				81	Name						
MITTELBERG, BARRY S 210 NORTH UNIVERSITY DR.				82	Street Addres	t Address (P.O. Box Number is Not Acceptable)					
SUITE 802 CORAL SPRINGS FL 33071			i	83							
			-	84	,			FL	85	Zip Code	
l office o	ont to the provisions of Sections 607.0502 or registered agent, or both, in the State of I am familiar with, and accept the obligati	if Florida. Such change was au	utnonzec	יעם נ	the corporation	ratio n's b	n submits this statement for the pard of directors. I hereby accept	purpose of o t the appoin	chang Itment	ing its registered t as registered	
SIGNATUR	RE	A COLUMN TO THE	Devistored	Ann	t signature required	whan	reinstating)	DATE			
	Signature, typed or printed name of registered agent		13.	~yen	r signatura (adusau		ADDITIONS/CHANGES TO OFF) DIR	ECTORS IN 12	
OFFICERS AND DIRECTORS 13.							スプレー・しょうさい こうじゅう しん ししょ	INCLINE AIM	,,,,		

ORS IN 12 Change ☐ Addition DELETE 1.1 TITLE TITLE CHESS, AMOS 1.2 NAME NAME 2315 STIRLING RD. 1.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33312 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRES 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZiP

14. I hereby certify that the information supplied with this filing doe 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 suppliemental 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 inside 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, with all other like empowered.

SIGNATURE:

G OFFICER OR DIRECTOR

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