FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000094082 (2)**

1. Corporation Name
D & D SPORTSWEAR, INC.

Principal Place of Business
% DEUTCHMAN
829 CAMINO ROAD. BLDG. 11-A. APT. 205
DELRAY BEACH FL 33445

Mailing Address
% DEUTCHMAN
829 CAMINO ROAD. BLDG. 11-A. APT. 205
DELRAY BEACH FL 33445

3. Date Incorporated or Qualified: **12/28/1994**
3a. Date of Last Report: **04/19/1995**

2. Principal Place of Business
21 **6335 Grand Cypress Circle**
Suite, Apt. #, etc.
22
City & State
23 **Lake Worth, FL**
Zip: 24 **33463** Country: 25 **USA**

2a. Mailing Address
26 **6335 Grand Cypress Circle**
Suite, Apt. #, etc.
27
City & State
28 **Lake Worth, FL**
Zip: 29 **33463** Country: 30 **USA**

4. FEI Number: **65-0540043** ☐ 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

DEUTCHMAN, ROBERTA
829 CAMINO ROAD
BLDG. 11-A, APT. 205
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name: **Deutchman, Roberta**
82 Street Address (P.O. Box Number is Not Acceptable): **6335 Grand Cypress Circle**
83
84 City: **Lake Worth,** **FL** 85 Zip Code: **33463**

11. Pursuant to the provisions of Section 607.0505 or s. 617.1505, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEUTCHMAN, ROBERTA 829 CAMINO ROAD, BLDG. 11-A, APT. 205 DELRAY BEACH FL 33445 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D Deutchman, Roberta 6335 Grand Cypress Circle Lake Worth, FL 33463 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DERMER, GLORIA 2723 GREEN APPLE LANE ROCKFORD IL 61107 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntary, 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 attached report with an address.

SIGNATURE: Roberta L Deutchman 4-11-96
ROBERTA L DEUTCHMAN 407-963-9919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)