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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

P95000006742 (7)

SWEAT EXPRESS, INC.

| Principal Place of Business | Mailing Address | | | |
|--|---|--|---|-------------------------------|
| 809 Grand Cayman CT. Orlando Fl 32835 | 809 GRAND CAYMAN CT. ORLANDO FL 32835 | | | |
| | | | 3. Date Incorporated or Qualified 01/23/1995 3a. Date of Last Report | |
| 2. Principal Place of Business | 2a. Mailing Address | | 4. FEI Number Applied Applied | |
| 1] | 56 | | 65-5932990 Not App | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired Fee Required | |
| City & State | City & State | | 6. Election Campaign Financing \$5.00 May | Зе |
| 3 | 28 | | Trust Fund Contribution Added to Fee | |
| Zip Country | Zip | Country | 8. This corporation has liability for intangible tax under s 199.03 Fiorida Statutes ☐ Yes ☑ No | 2, |
| 9. Name and Address of Curre | nt Registered Agent | 30 | 10. Name and Address of New Registered Agent | |
| 9. Name and Address of Cure | III Registered Agent | B1 Name | | |
| DOUDY IOEV | | 82 Street Add | ress (P.O. Box Number is Not Acceptable) | |
| DOWDY, JOEY 809 GRAND CAYMAN CT. | | 52 Street Add | iless (170, Dox Horrison & Corried Parison | |
| ORLANDO FL 32835 | | 83 | | |
| | | 84 City | 85 Zip Code | |
| | | | oration submits this statement for the purpose of changing its registere and of directors. Thereby accept the appointment as registered agent. | d offic |
| SIGNATURE Signaphia, typed or prolied up to or registered agree | 7 JOEY JOU Tand the fragolicated JOU ND DIRECTORS | (NO1E: Ratistigred Agent Signature requi | red when reinstating) DATE DATE | |
| 19 CERCERS AL | | ~- 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 | 2 |
| | DELETE | 1.1 TITLE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN | |
| TITLE PSTD | | ··· | | |
| TITLE PSTD NAME DOWDY, JOEY STREET ADDRESS 809 GRAND CAYMAN CT. | | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | | |
| TITLE PSTD DOWDY, JOEY STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32835 | ☐ DELETE | 1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | ☐ Change ☐ A | ddition |
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SIGNATURE:

GNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29,96 407

407579-1340 Dayline Phone #