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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000017655

REEF ROAD CLOTHING CO.

Principal Place of Business PO BOX 968 2890 FARRAGUT LANE WEST PALM BCH FL 33409 PALM BEACH FL 33480 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/26/1996 Applied For 2a. Mailing Address 4, FEI Number 2. Principal Place of Business Not Applicable 65-0748140 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing \Box Added to Fees Trust Fund Contribution 28 23 Zip Country 8. This corporation owes the current year Intangible Zip Country 29 30 Personal Property Tax. 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent KRASKER, PAUL A ESQ. Street Address (P.O. Box Number is Not Acceptable) 625 NORTH FLAGLER DRIVE 9TH FLOOR 83 W. PALM BEACH FL 33401 Zip Code 84 City 11. 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 (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 12. DELETE 1.1 TITLE TITLE 1.2 NAME TEXTOR, BRENTON A JR NAME 2890 FARRAGUT LANE 1.3 STREET ADDRESS STREET ADDRESS WEST PALM BCH FL 33409 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 2.1 TITLE TITLE TEXTOR, JOHN 22 NAME NAME 2176 REGENTS BLVD. 2.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33409 2.4 CITY-ST-ZIP

64 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby 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, with all other like empowered.

3.1 TITLE

3.2 NAME

4 1 TITLE

4 2 NAME

51 TITL€

5.2 NAME

61 TITLE

6.2 NAME

3.3 STREET ADDRESS

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5.4 CITY+ST+ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

CITY-ST-ZIP

C/TY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

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SIGNATURE: BRENTON AMENTOR JREG

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FILED

May 07, 1999 8:00 am Secretary of State

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