FILED FILE NOW: FILING FEE AFTER MAY 1ST IS50.00 May 13 1998 8:00am FLORIDA DEPARTNOF STATE CORPORATION Secretary of State **ANNUAL REPORT** Secretary d 1998 DIVISION OF CONTINUE DOCUMENT # P96000022004 (1) BIKERWEAR INC. Principal Place of Business Mailing Address 1844 MISTY MORN PLACE LONGWOOD FL 32778 1844 MISTY MORN PLACE LONGWOOD FL 32779 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/11/1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 <u>59-3370116</u> Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zιρ Country Zip 8. This corporation owes or has paid the current year Intangible 24 26 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DYKES, PAMELA 81 Name 1844 MISTY MORN PLACE Street Address (P.O. Box Number is Not Acceptable) LONGWOOD FL 32779 83 84 City Zip Code 85 11. Pursuant to the provisions of Socions 607 0502 and 607 1508, Florida Statutes, trabove-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was autholed 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 atutes. Signature, typed or printed name of registered agent and tilkell applicable ed Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE ☐ Change ☐ Addition NAME DYKES, PAMELA NAME 1844 MISTY MORN PLACE STREET ADDRESS STREET ADORESS LONGWOOD FL 32779 CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE Change Addition NAME DYKES, CRAIG ANAME STREET ADDRESS 1844 MISTY MORN PLACE STREET ADDRESS LONGWOOD FL 32779 CITY-ST-ZIP 24 CITY-ST-ZIP TITLE DELETE Change 31 TITLE ☐ Addition NAME 32 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 34.CITY-ST-ZIP DELETE 4.1 TITLE Change ☐ Addition 4.2 NAME STREET ADDRESS **4.3 STREET ADDRESS** CITY-ST-ZIP 4.4CITY-ST-ZIP TITLE DELETE Change 5.1 TITLE Addition NAME 52 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP

64 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 eath; 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 of on an attachment with an address

5.4CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

DELETE

407-869-7090

Addition

Change

CR2E034