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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

FILED

Jan 29 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #

P96000034524 (4)

HAMPSHIRE INDUSTRIES, INC.

Principal Place of Business Mailing Address	
Friting Address Walling Address	8: 001 01110 HBH: 0101 1001
86 NE 5TH AVE 86 NE 5TH AVE	
DELRAY BEACH FL 33483 US DELRAY BEACH FL 33483 DO NOT WRITE IN THIS SI	PACE
3. Date Incorporated or Qualified	
04/19/1996	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
26 65-0660418	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State 6. Election Campaign Financing	\$5.00 May Be
28 Trust Fund Contribution	Added to Fees
Zip Country Zip Country 8. This corporation owes or has paid the curre	
	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered A	gent
MELZ, CHARLES LEE BOWDER	
86 NE 5TH AVE DELRAY BEACH FL 33483 82 Street Address (P.O. Box Number is Not Acceptable)	
DELINAT BEAUTI PL. 33463	1) 1-0
84 City O = 5	85 Zip Code
	33484
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 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 appoagent. I am familiar with, and accept the obligations of, Section 507.0505, Florida Statutes.	changing its registered
	# registered
SIGNATURE LEE BONDER JUN 1/23	2/98
Signature: typed or printed name of registered agent and little/i application. (NNTF, Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND	DIDECTORS IN 10
TITLE PTD / MOELETE ■1.1 TITLE PTD	
	Change Addition
NAME MIELZ, CHARLES 1.2 NAME LEE BONDER.	
NAME MIELZ, CHARLES 1.2 NAME LEE BONDER.	
NAME MIELZ, CHARLES STREET ADDRESS 86 NE 5TH AVE 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS 1406 LVCY DRIVE	
NAME MIELZ, CHARLES STREET ADDRESS 86 NE 5TH AVE CITY-ST-ZIP DELRAY BEACH FL 33483 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP DELRAY BEACH FL 33483 L DELETE 2.1 TITLE NAME BONDER, LEE 1.2 NAME	X Change □ Addition
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14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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.