

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90006 023 ***150.00

DOCUMENT # P96000034524

1. Corporation Name
HAMPSHIRE INDUSTRIES, INC.

Principal Place of Business

86 NE 5TH AVE
DELRAY BEACH FL 33483
US

Mailing Address

86 NE 5TH AVE
DELRAY BEACH FL 33483
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/19/1996

4. FEI Number

65-0660418

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 2915 S. Federal
Suite #100, Ste D-3
City & State
22 Delray Bch, FL
23 33483-3288
Zip Country
24 U.S.

26 2915 S. Federal
Suite, Apt. #, etc.
City & State
27 Hwy Ste D-3
City & State
28 Delray Bch, FL
Zip Country
29 33483-30

9. Name and Address of Current Registered Agent

LEE BONDER
1406 LUCY DR
DELRAY BEACH FL 33484

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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)

DATE

4/30/99

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PTD
NAME LEE BONDER
STREET ADDRESS 1406 LUCY DR
CITY-ST-ZIP DELRAY BCH FL 33483

TITLE VSD
NAME BONDER, LEE
STREET ADDRESS 1406 LUSY DRIVE
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE VP
NAME ALOEN, CAROL
STREET ADDRESS 17316 BOCA CLUB BLVD. UNIT 1006
CITY-ST-ZIP BOCA RATON FL 33487

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

17475 TIFFANY TRACE
BOCA RATON, FL 33487-1436

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/99

CR2E034 (11/98)

0361608