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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000070294 (9)

SPORTSWEAR, INC.

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Principal Plac	e of Business	Mailing Address	Mailing Address			1 40011001 410 00310 01144 00311 OCITE ODSKI ODIH 10011 00110 ESTE 1911 <del>1</del> 4104 1901		
16215 N.W. 15TH AVENUE		16215 N.W. 15TH AVENU	16215 N.W. 15TH AVENUE					
MIAMI FL 3316	9	MIAMI FL 33169-5613						
						3. Date Incorporated or Qualified 3s. Date of Last Report 08/22/1996		
2. Principal Place of Business		2a. Mailing Address				4. FEI Number Applied For		
21		26	26			65-0690634 Not Applicate	le	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5 Cortificate of Status Desired \$8.75 Additional		
22		27				Fee Required		
City & State	9	City & State	<b></b>			6. Election Campaign Financing \$5.00 May Be	-	
23		28			· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution		
Zip	Country	Zφ	-	untry		8. This corporation has liability for intangible tax under s. 199.032,		
24	25	[29]	30	,		Florida Statutes Yes No		
9. Name and Address of Current Registered Agent				B1	Name	10. Name and Address of New Registered Agent		
PERLOW, JEFFREY M C/O JEFFREY M. PERLOW & ASSOCIATES, P.A.				"	Name	iress (P.O. Box Number is Not Acceptable)		
				62	Street Addre			
1820 E. HALLANDALE BEACH BOULEVARD								
HALLANDALE FL 33099				83			į	
					City	85 Zip Code		
4						FL   T		
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 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 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 register			d Age	nt signature required			
12.	OFFICERS	S AND DIRECTORS	13.	~		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TOLE	OHOT ALANIA	DELETE	1.1 T			Change Additi	'n	
NAME	GLIST, ALAN M	<b>F</b>	1.2 N	IAME				
STREET ADDRESS	16215 N.W. 15TH AVENUI	E	1.3 S	TREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33169		-	ITY-SI	I - ZIP			
TITLE	ST HANDON HOW	☐ DELETE	217	ITLE		☐ Change ☐ Additi	ın	
NAME	= ::			IAME				
STREET ADDRESS	16215 N.W. 15TH AVENU	<b>t</b>	2.3 \$	TREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33169		2,40	CITY - S	T - ZIP			
TITLE		☐ DELETE	3.1 T	ITLE		Change Additi	n [	

14. I do hereby certify that the information supplied with this plint, 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 cuspler or all 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 composition or fine referee or trusted employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if of singled or on a latter benefit with an address.

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - ST - ZIP

3.4. CITY - \$1 - ZIP

10-21 114-0808

Change

Change

Change

Addition

Addition

Addition

**FILED** 

Jun 13 1997 8:00am

Secretary of State

R2E034 (9/96)