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FILED  
Apr 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000079990 (3)

1. Corporation Name  
LENNY'S SPORTSWEAR, INC.



Principal Place of Business  
1721 NW 109TH AVE  
PEMBROKE PINES FL 33026

Mailing Address  
1721 NW 109TH AVE  
PEMBROKE PINES FL 33026

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 19321 NW 8TH ST Suite, Apt. #, etc. 22 City & State 23 PEMBROKE PINES, FL Zip 24 33029		2a. Mailing Address 26 19321 N.W. 8TH ST Suite, Apt. #, etc. 27 City & State 28 PEMBROKE PINES, FL Zip 29 33029		3. Date Incorporated or Qualified 09/25/1996	
4. FEI Number 65-0710515		Applied For <input checked="" type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent MOHAMMED, AEYSHA 1721 NW 109TH AVE PEMBROKE PINES FL 33026					
10. Name and Address of New Registered Agent 81 Name MOHAMMED AEYSHA 82 Street Address (P.O. Box Number is Not Acceptable) 19321 N.W. 8TH ST 83 84 City PEMBROKE PINES FL 85 Zip Code 33029					

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P MOHAMMED, AEYSHA	1.1 TITLE	P MOHAMMED AEYSHA
NAME	MOHAMMED, AEYSHA	1.2 NAME	MOHAMMED AEYSHA
STREET ADDRESS	1721 NW 109TH AVE	1.3 STREET ADDRESS	19321 N.W. 8TH ST
CITY-ST-ZIP	PEMBROKE PINES FL 33026	1.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	V MOHAMMED, LENNY	2.1 TITLE	V MOHAMMED, LENNY
NAME	MOHAMMED, LENNY	2.2 NAME	MOHAMMED, LENNY
STREET ADDRESS	1721 NW 109TH AVE	2.3 STREET ADDRESS	19321 N.W. 8TH ST
CITY-ST-ZIP	PEMBROKE PINES FL 33026	2.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CR2E034 (10/97)