

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

FILED

Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000084987 (2)

1. Corporation Name
44 SPORTSWEAR, INC.



Principal Place of Business 1690 FITZPATRICK POINT SANFORD FL 32771	Mailing Address 1690 FITZPATRICK POINT SANFORD FL 32771-8579
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 10/14/1996	3a. Date of Last Report
4. FEI Number 59-3419633	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent STEPP, STEVE 1690 FITZPATRICK POINT SANFORD FL 32771	
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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 607.002 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.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE <input type="checkbox"/> DELETE		13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME STEPP, STEVE		13.2 NAME	
STREET ADDRESS 1690 FITZPATRICK POINT		13.3 STREET ADDRESS	
CITY- ST- ZIP SANFORD FL 32771		13.4 CITY- ST- ZIP	
12.2 TITLE <input type="checkbox"/> DELETE		13.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME TS		13.6 NAME	
STREET ADDRESS 1690 FITZPATRICK POINT		13.7 STREET ADDRESS	
CITY- ST- ZIP SANFORD FL 32771		13.8 CITY- ST- ZIP	
12.3 TITLE <input type="checkbox"/> DELETE		13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		13.10 NAME	
STREET ADDRESS		13.11 STREET ADDRESS	
CITY- ST- ZIP		13.12 CITY- ST- ZIP	
12.4 TITLE <input type="checkbox"/> DELETE		13.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		13.14 NAME	
STREET ADDRESS		13.15 STREET ADDRESS	
CITY- ST- ZIP		13.16 CITY- ST- ZIP	
12.5 TITLE <input type="checkbox"/> DELETE		13.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		13.18 NAME	
STREET ADDRESS		13.19 STREET ADDRESS	
CITY- ST- ZIP		13.20 CITY- ST- ZIP	
12.6 TITLE <input type="checkbox"/> DELETE		13.21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		13.22 NAME	
STREET ADDRESS		13.23 STREET ADDRESS	
CITY- ST- ZIP		13.24 CITY- ST- ZIP	

14. I do 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:  KEVIN STEPP T.S. 4/24/97 407-328-8883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0071240

CR2E034 (9/96)