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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name P96000097588 (3)

GULFWIND EMBROIDERY AND APPAREL, INC.

FILED Apr 30 1998 8:00am Secretary of State



Principal Place of Business		Mailing Addr	Mailing Address				****************	(B:6: (B): (B4)	
4214 18TH AVENUE DRIVE WEST			4214 18TH AVENUE DRIVE WEST						
BRADENTON	FL 34205	BRADENTON	FL 34205			DO NOT WRITE IN THI	S SPACE		
						3. Date Incorporated or Qualified	O DI AOL		
	•					12/03/1996		Į.	
2. Principal P	lace of Business	2a. Mailing A	ddress	····		4. FEI Number		Applied For	
21		26				65-0719434	-	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt	Suite, Apt. #, etc.					5 Additional	
22		27	27			5. Certificate of Status Desired	• • •	Required	
City & State	θ .	City & Sta	City & State			6. Election Campaign Financing	\$5.0	0 May Be	
23		28	28			Trust Fund Contribution	Added to Fees		
Zip	Country	Zıp		Country	,	8. This corporation owes or has paid the o	urrent year	Intangible	
24	25	29	30	0		Personal Property Tax due June 30.	☑ Yes	□No	
	9. Name and Address of Curi	ent Registered Ager	nt		····	10. Name and Address of New Registere	d Agent		
SIL	Berstein, David M			81	Name				
7209 \$ ORANGE AVE				82	Street Ad	et Address (P.O. Box Number is Not Acceptable)			
SAI	RAS OTA FL 34236					to to the total to the trace of			
				83					
				84	City		05 7	p Code	
				04	City	F	L 85 Zi	h Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, FI	orida Statutos,	the above	a-named co			its registered	
Office or r	egiste red agent, or both, in the Sta m famili ar with, and accept the obj	ite of Florida. Such ch ligations of Section 6	iange was aut 07.0505. Floric	horized by fa Statutes	/ the corpor	orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	ppointment a	as registered	
SIGNATURE									
SIGNATURE	Signature typed or printed name of registered	agent and title it applicable	(NOTE: R	legistered Ago	nt signature req	quired when reinstating) DATE		<u> </u>	
12.	OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12	
TITLE	D		DELETÉ	1.1 TITLE			Change	e 🔲 Addition	
NAME	W HALEN, JAMES D			1.2 NAME					
STREET ADDRESS 4550 47TH STREET WEST, APARTMENT 1				1.3 STREET	ADDRESS				
CITY-ST-ZIP	BRADENTON FL 34210			1.4 CITY-S	T-ZIP				
TITLE	D		DELETE	2.1 TITLE			☐ Change	e 🔲 Addition	
NAME	CLINE, JACKIE M			2.2 NAME					
STREET ADDRESS	54 03 ALOHA DRIVE			2.3 STREET	ADDRESS			-	
CITY-ST-ZIP	\$T. PETERSBURG FL 3370	B		2. 4 City-5	ST-ZIP			1	
TITLE	ð		DELETE	3.1 TITLE			☐ Change	e Addition	
NAME	STERN, WALTER III			3.2 NAME					
STREET ADDRESS	4214 18TH AVENUE DRIVE	WEST		3.3 STREET	ADDRESS				
CITY-ST-ZIP	BRADENTON FL 34205			3.4. CITY-5	ST-ZIP				
TITLE			DELETE	4.1 TITLE			☐ Change	Addition	
NAME				4. 2 NAME			_	ŀ	
STREET ADDRESS				4.3 STREET	ADDRESS				
CITY-ST-ZIP				4.4 CITY - S	T- 7IP			1	
TITLE			DELETÉ	5.1 TITLE			Change	Addition	
NAME		_		5.2 NAME				_ "	
STREET ADDRESS				5.3 STREET	ADDRESS				
CITY-ST-ZIP				5.4 CITY-S	- 1			J	
TITLE			DELETE	6.1 TITLE	1 - £1r		Change	e Addition	
NAME	, 1	لسا		6.2 NAME			One-ingl		
1				ı	ADDRESS				
STREET ADDRESS				6.3 STREET	4				
CITY-ST-ZIP				6.4 CITY - S	T-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 suppliemental 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.