## 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

## DOCUMENT # P97000013340 1. Corporation Name

## **FILED** Mar 17, 1999 8:00 am Secretary of State 03-17-1999 90131 038 \*\*\*150.00

| KNITWO                                  | RX, INC.  |                     |                |   |                       |
|---|---|---------------------|----------------|---|-----------------------|
|   |   |                     |                |   |                       |
|   |   |                     |                |   |                       |
| Principal Place                         |   |                     |                |   |                       |
| 1774 SOUTH DRIVE 4721 WHITE TAIL LANE   |   |                     |                |   |                       |
| SARASOTA FL 34239 SARASOTA FL 34238 US  |   |                     |                | DO NOT WRITE IN THIS SE   | PACE                  |
| 03                                      | 50  |                     |                | Date Incorporated or Qualifed                                     |                       |
|   |   |                     |                | 02/10/1997  |                       |
| 2. Principal Place of Business i        |   |                     |                | 4. FEI Number   | Applied For           |
| 21 4721 White Carl Lane 26              |   |                     |                | 65-0742977  | Not Applicable        |
| Suite, Apt. #, etc. Suite, Apt. #, etc  |   |                     |                | 5. Certificate of Status Desired                                  | \$8.75 Additional     |
| 27                                      |   |                     |                |   | Fee Required          |
| City & State                            |   |                     |                | Election Campaign Financing                                       | \$5.00 May Be         |
| 23 Savasola, FL 34238 28                |   |                     |                | Trust Fund Contribution   | Added to Fees         |
| Zip<br>24 34 7                          | Country   Zip   29   3  | Country             |                | This corporation owes the current year Intangal                   | gible<br>Yes IZNo     |
| 24 396                                  |   | 30                  |                | Personal Property Tax.  10. Name and Address of New Registered Ag |                       |
| <del></del>                             | 9. Name and Address of Current Registered Agent                                       | 81                  | Name           |   |                       |
| PATTERSON, JOHN 46 N WASHINGTON BLVD #1 |   |                     |                |   |                       |
|   |   |                     | Street         | Address (P.O. Box Number is Not Acceptable)                       |                       |
| SAR                                     | ASOTA FL 34236  | 83                  |                |   |                       |
| -                                       |   |                     |                |   |                       |
|   |   | 84                  | City           | FL  | 85 Zip Code           |
| 11 Dureuant                             | to the provisions of Sections 607.0502 and 607.1508, Florida Statutes                 | s the above         | e-named        | t corporation submits this statement for the purpose of ch        | anging its registered |
| office or r                             | egistered agent, or both, in the State of Florida. Such change was aut                | thorized by         | the corp       | poration's board of directors. I hereby accept the appointing     | nent as registered    |
| 3                                       | m familiar with, and accept the obligations of, Section 607 0505. Florid              | da Statutes         |                |   |                       |
| SIGNATURE                               | Streature: typed or printed name of registered agent and little if applicable (NOTE F | Registered Ager     | nt signatu!e t | required when reinstating) DATE                                   |                       |
| 12.                                     | OFFICERS AND DIRECTORS  | 13.                 |                | ADDITIONS/CHANGES TO OFFICERS AND                                 |                       |
| TITLE                                   | <b>DP</b> DELETE  | 11 TITLE            |                |   | Change Addition       |
| NAME.                                   | DAUE, HILDEGARD   | 12 NAME             |                | T 1 1   |                       |
| STREET ADDRESS                          | 1774 SOUTH DRIVE  | 13 STREET           | ADDRESS        | 4721 White lail Lane  |                       |
| CITY-ST-ZIP                             | SARASOTA FL 34239   |                     | T-ZIP          | 4721 White Tail Lane<br>Savasota, FL 3423                         | 8                     |
| TITLE                                   | DVPS DELETE   | 2 1 TITLE           |                |   | ☐ Change ☐ Addition   |
| NAME                                    | GEBHARD, LINDA O  |                     |                |   |                       |
| STREET ADDRESS                          |   |                     | TADDRESS       |   |                       |
| CITY-ST ZIP                             |   |                     | I-ZIP          |   |                       |
| TITLE                                   | VPT □ DELETE  | 3 1 TITLE           |                | DV113   | Change [] Addition    |
| NAME                                    | AUE, THOMAS   |                     |                | Savasota, FL 34238  |                       |
| STREET ADDRESS                          | · · • • • · · · · · ·   |                     | ADDRESS        | C + = = 1 34739   |                       |
| CITY-ST-ZIP                             | SARASOTA FL 34239   |                     | T-ZIP          | Sarasora ILL 2 1578   | Change D Andura       |
| TITLE                                   | ☐ DELETE  | 4 1 TITLE           |                |   | Change Acdition       |
| NAME                                    |   | 4 2 NAME            |                |   |                       |
| STREET ADDRESS                          |   | u                   | TADDRESS       |   |                       |
| CITY-ST-ZIP                             | □ per exe   | 4 4 CITY-S          | T-ZIP          | ļ   | Change Acdition       |
| TITLE                                   | □ DELETE  | 51 TITLE<br>52 NAME |                |   | _ Change              |
| NAME                                    |   | 53 STREET           | T ADDDECE      |   |                       |
| STREET ADDRESS                          |   | 5.3 STREET          |                |   |                       |
| CITY-ST-ZIP                             | DELETE 611  |                     | 1+ ZJr         | 1   | Change Addition       |
| TITLE                                   | Deter   | 6.2 NAME            |                |   | 5                     |
| NAME                                    |   | 63 STREET           | T ADDRESS      | , [   |                       |
| STREET ADDRESS                          |   | 64 CHTY+S           |                |   |                       |
| CITY-ST-ZIP                             | 1   | 1 2 4 01111.2       | - 40           | 1   | 1                     |

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, with all other like empowered.

hasuver 3/13/99 Thomas