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

CITY-ST-ZIP

FILED Mar 11 1998 8:00am PROFIT ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # P97000046009 (1) UNIFORMS UNLIMITED, INC. Principal Place of Business Mailing Address 1305 N. STATE ROAD 7 1305 N. STATE ROAD 7 LAUDERHILL FL 33313 LAUDERHILL FL 33313 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/22/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Zip Country Ζıp Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GRAHAM, PATRICK 9043 VINEYARD LAKE DRIVE Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33351 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statules, 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 Signature, typed or printed name of registered agent and tille if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Addition Change TITLE 1.1 TITLE GRAHAM, PATRICK NAME 1.2 NAME 9043 VINEYARD LAKE DRIVE STREET ADDRESS 1.3 STREET ADDRESS **PLANTATION FL 33324** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Addition 2.1 TITLE Change TITLE GRAHAM, PATRICE NAME 2.2 NAME 9043 VINEYARD LAKE DRIVE STREET ADDRESS 2.3 STREET ADDRESS PLANTATION FL 33324 CITY-ST-ZIP 2. 4 CHTY-ST-ZIP DELETE Addition TITLE 31 TITLE Change NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP 7000024533**€ Change** -03/11/98--01005--012 DELETE 6.1 TITLE TITLE NAME 6.2 NAME ***150.00 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST - ZIP 14. I bereby 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 arichaccurate 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 of powered 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 pural attachment with an address.

3-3-25