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FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000047236 (9)**

1. Corporation Name
BIA SPORTSWEAR, INC.

Principal Place of Business

Mailing Address

**15073 CLOVERDALE DRIVE
FORT MYERS FL 33919**

**15073 CLOVERDALE DRIVE
FORT MYERS FL 33919**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1997

4. FEI Number

*** 59-3449067**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

B1 Name

CHRISTINE R. SCHOLZ

B2 Street Address (P.O. Box Number is Not Acceptable)

15073 CLOVERDALE DR

B3

B4 City

FORT MYERS

FL

B5 Zip Code

33919

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

*** CHRISTINE R. SCHOLZ**

Signature, typed or printed name of registered agent and title is applicable.

(Note: Registered Agent Signature required when reinstating)

DATE

4/13/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CFO** ☐ DELETE

NAME **SCHOLZ, OLIVER**
STREET ADDRESS **15073 CLOVERDALE DRIVE**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **SD** ☐ DELETE

NAME **SCHOLZ, OLIVER**
STREET ADDRESS **15073 CLOVERDALE DRIVE**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **PD** ☐ DELETE

NAME **SCHOLZ, CHRISTINE R**
STREET ADDRESS **15073 CLOVERDALE DRIVE**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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; that the recipient 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 omitted from attachment with an address.

SIGNATURE

*** Christine R. Scholz** 4/13/98 427-4571

CR2E034 (10/97)