

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90236 009 ***150.00

DOCUMENT # P97000050810 (5) ✓

1. Corporation Name

PERSONAL BEST ACTIVE WEAR, INC.

Principal Place of Business

Mailing Address

633 FLAMINGO DRIVE
FORT LAUDERDALE FL 33301

633 FLAMINGO DRIVE
FORT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1997

2. Principal Place of Business

2a. Mailing Address

21 1937 TAYLOR ST

26 1937 TAYLOR ST.

4. FEI Number

65-0775518

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23 HOLLYWOOD, FL

28 HOLLYWOOD, FL

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33020

25 USA

29 33020

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCGLOTHLIN, DENNIS J
777 NORTHEAST THIRD AVENUE
FIRST FLOOR
FORT LAUDERDALE FL 33304

81 Name

LENARD J. JACOBSON

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

633 FLAMINGO ISLE DRIVE

83

84 City

FT. LAUDERDALE

FL

85 Zip Code

33301

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 LENARD J. JACOBSON

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

(NOTE: Registered Agent signature required when reappointing)

DATE 4/29/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME JACOBSON, LENNY
STREET ADDRESS 633 FLAMINGO DRIVE
CITY - ST - ZIP FORT LAUDERDALE FL 33301

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

D JACOBSON, LENARD
1937 TAYLOR ST.
HOLLYWOOD, FL 33020

☒ Change ☐ Addition

TITLE D ☐ DELETE

NAME JACOBSON, BARBARA E
STREET ADDRESS 6745 LARGO VISTA TERRACE
CITY - ST - ZIP BOCA RATON FL 33433

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

D JACOBSON, BARBARA E
1060 CITRUS WAY
DELRAY BEACH, FL 33445

☒ Change ☐ Addition

TITLE D ☐ DELETE

NAME JACOBSON, JULIE M
STREET ADDRESS 6745 LARGO VISTA TERRACE
CITY - ST - ZIP FORT LAUDERDALE FL 33301

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

D JACOBSON, JULIE M
1937 TAYLOR ST.
HOLLYWOOD, FL 33020

☒ Change ☐ Addition

TITLE D ☐ DELETE

NAME JACOBSON, ALLISON M
STREET ADDRESS 633 FLAMINGO DRIVE
CITY - ST - ZIP FORT LAUDERDALE FL 33301

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

D JACOBSON, ALLISON B.
2070 HOMELAND BLVD #108
DELRAY BEACH, FL 33445

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 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: Lenard J. Jacobson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 1999
Daytime Phone # 0270700