

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

FILED
Jun 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000097512 (2)
1. Corporation Name

COMPLETELY WEARABLE, INC.



Principal Place of Business

Mailing Address

4422 GOLF CLUB LANE
TAMPA FL 33624

4422 GOLF CLUB LANE
TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1997

4. FEI Number

59-3481137

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 ☐

Nare Due

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCOY BENEDICT, BETSY L
SOLOMON & BENEDICT, P.A.
NATIONSBANK PLAZA, SUITE 300, 400 N ASHLEY
TAMPA FL 33602

81. Name

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

83.

84. City

FL

85. Zip Code

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

Signature of person for printed name of registered agent is filled applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME MCCOY BENEDICT, BETSY L
STREET ADDRESS 3000 NATIONSBANK PLAZA, 400 NORTH ASHLEY
CITY-ST-ZIP TAMPA FL 33625

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME Michael K. Benedict
1.3 STREET ADDRESS 4422 Golf Club Lane
1.4 CITY-ST-ZIP Tampa Florida 33624

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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, and that my signature is required to be filed for this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change is made in that block.

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-08/23/98-01003-044
***150.00

5/25/98

CR2E034 (10/97)