Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90129 047 \*\*\*150.00

## 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 # P9800005999

1. Corporation Name

STERLIN	g uniforms, inc.								
Principal Place	e of Business	Mailing Addres	38				I CERTERAL FIR INION FROM CONTENUAL MATERIAL PRIST		·# (#1(# }#1) (##)
901 SOUTHEAST 9TH STREET 901 SOUTHEAST 9TH STRE									
FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 3331				16			DO NOT WRITE IN THIS	SPACE	
							3. Date Incorporated or Qualifed	7011102	
							01/20/1998		ļ
2. Principal Pl	lace of Business	2a. Mailing Add	dress				4. FEI Number		pplied For
21		26	•				65-0820613		lot Applicable
Suite, Apt. a	#, etc.	Suite, Apt.	#, etc.				5. Certifcate of Status Desired		Additional Required
City & State	е	City & State	e				6. Election Campaign Financing	\$5.00	May Be
23		28			<u></u>		Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	_	_ Coun	itry		8. This corporation owes the current year Ir		MNo
24	25	29		0			Personal Property Tax.  10. Name and Address of New Registered	Yes	TET IND
	9. Name and Address of Curren	nt Registered Agent	<u> </u>	·	81	Name	10. Name and Address of New Registered	Agent	
PHILLIPS, LORI S 901 SOUTHEAST 9TH STREET				L			ress (P.O. Box Number is Not Acceptable)		
	T LAUDERDALE FL 33316			-	83		-		
,	V Broberro ALL V C 00010			Į,	اِ				
				- · [1	84	City	· FI	85 Zip	Code
11. Pursuant to office or reagent. I ar	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607:1508; Flo of Florida. Such cha tions of, Section 607	orida Statutes ange was autt 7.0505, Florid	, the aborized la la Statut	ove- by th	named corpor he corporation	ration submits this statement for the purpose o 's board of directors. I hereby accept the appo	f changing it ointment as i	s registered - egistered
SIGNATURE		as and side Monolingble	(NOTE: P	acietorod A	hand	signature required v	when reinstation) DATE		<del></del>
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE:  OFFICERS AND DIRECTORS			13.		aignatore requires e	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DSTP		DELETE	1,1 TITL	E.			Change	Addition
NAME	PHILLIPS, LORI S			1.2 NAM	ΜE		•		
STREET ADDRESS	901 SOUTHEAST 9TH STREET	Ī		1.3 STR	REET #	ADDRESS			\ '
CITY-ST-ZIP	FORT LAUDERDALE FL 33316			1.4 CITY	Y-ST-	ZIP			
TTLE			DELETE	2.1 TiTL	LE			Change	Addition
NAME				2.2 NAM	νF	- 1			
STREET ADDRESS					***				
CITY-ST-ZIP				2.3 STR		ADDRESS .			
				2. 4 CIT	REET A	l		·.	
TITLE =			DELETE		REET A	l		Change	Addition
NAME			DELETE	2.4 CIT 3.1 TITE 3.2 NAM	Y-ST LE	-ZIP		Change	: Addition
			DELETE	2.4 CIT 3.1 TITE 3.2 NAM	Y-ST LE	l		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				2.4 CIT 3.1 TITE 3.2 NAM 3.3 STR 3.4. CIT	REET A TY-ST LE ME REET A TY-ST	ADDRESS			
NAME STREET ADDRESS			DELETE	2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4. CIT 4.1 TITL	Y-ST LE ME REET/ Y-ST LE	ADDRESS		Change	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4. CIT 4.1 TITL 4.2 NAM	Y-ST LE ME REET/ Y-ST LE	- ZIP  ADDRESS - ZIP			
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP



NAME

STREET ADDRESS

CITY-ST-ZIP

