PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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

05-10-1999 90047 004 ***150.00

DOCUMENT # P98000017654

STRICTLY BUSINESSWEAR, INC.

Prin	cip	at Place of	Business
2122	F	SEMORAN	RI VN

Mailing Address

A-04 E AEMARAM ALUE

2182 E. SEMORAN BLVD. APOPKA FL 32703		APOPKA FL 327			DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed 02/24/1998					
2. Principal	Place of Business	2a. Mailing Add	dress		4. FEI Number Applied For					
11		26			59 - 349 2511 Not Applicat	ole				
Suite, Apt	t. #, etc.	Suite, Apt.	#, etc.		5. Certifcate of Status Desired \$8.75 Additional Fee Required					
City & Sta	ate	City & Stat	e		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
Zip	Country 25	Zip 29	, '		8. This corporation owes the current year Intangible Personal Property Tax. Yes					
	9. Name and Address of Co	urrent Registered Agent	t		10. Name and Address of New Registered Agent					
218	L, KATHY S 82 E. SEMORAN BLVD. OPKA FL 32712				Name Street Address (P.O. Box Number is Not Acceptable)					
				84 Cit	City 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, typed or printed name of registered agent and tritle if applicable	le. (NOTE: Re	egistered Agent signature n	equired when reinstating)		DATE		
12.	OFFICERS AND DIRECTORS		13.		CHANGES TO	FFICERS AN	D DIRECTOR	RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE				Change	Addition
NAME	TILL, KATHY S		1.2 NAME					
STREET ADDRESS	907 RIDGE SPRING COURT		1.3 STREET ADDRESS					
CITY-ST-ZIP	APOPKA FL 32712		1.4 CITY-ST-ZIP					
TITLE	ST	DELETE	2.1 TITLE	How A	1 - 44	15 414	Change	Addition
NAME	LONG/HOLL/FA /		2.2 NAME	140001 H	LONG	17 100) .	
STREET ADDRESS	1630 BALMY BEACH DR.		2.3 STREET ADDRESS	LONGER A	PART	OF TH	is Bus	INESS
CITY-ST-ZIP	APOPKA FL 32703		2 4 CITY-ST-ZIP					
TITLE		□ DELETE	3.1 TITLE				[] Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3 4, CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE				[] Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
πιε		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			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 path; 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.

SIGNATURE:

5/3/49 (401) 814-100+ Date Daytima Phone #