

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

FILED
Aug 05, 1999 8:00 am
Secretary of State

08-05-1999 90009 015 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P 98000042186

1. Corporation Name

POWER 10 APPAREL INC.

Principal Place of Business

Mailing Address

5 SLEEPY HOLLOW COVE
LONGWOOD FL
32779

5 SLEEPY HOLLOW COVE
LONGWOOD FL
32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

5-11-98

2. Principal Place of Business

2a. Mailing Address

21 5 SLEEPY HOLLOW COVE
Suite, Apt. #, etc.

28 5 SLEEPY HOLLOW COVE
Suite, Apt. #, etc.

4. FEI Number

59-3512343

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 the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GERALDINE FOWLER
5 SLEEPY HOLLOW COVE
LONGWOOD FL 32750

81 Name GERALDINE FOWLER

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

5 SLEEPY HOLLOW COVE

83

84 City LONGWOOD


FL

85 Zip Code

32750

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 title if applicable.


(NOTE: Registered Agent signature required when reinstating)

7/29/99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BRAM B FOWLER
5 SLEEPY HOLLOW COVE
LONGWOOD FL 32750 ☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
BRAM FOWLER JF
5 SLEEPY HOLLOW COVE
LONGWOOD FL 32750 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
GERALDINE FOWLER
5 SLEEPY HOLLOW COVE
LONGWOOD FL 32750 ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
GERALDINE FOWLER (P)
5 SLEEPY HOLLOW COVE
LONGWOOD FL 32750 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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, with all other like empowered.

SIGNATURE




7/29/99