

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

FILED

Apr 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # S37051

(7)

1. Corporation Name

SWEATS ETCETERA, INC.



Principal Place of Business 520 TERRACE HILL TEMPLE TERRACE FL 33617	Mailing Address 520 TERRACE HILL TEMPLE TERRACE FL 33617-3850
--	---

3. Date Incorporated or Qualified 03/07/1991	3a. Date of Last Report 04/11/1996
---	---------------------------------------

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-3069464 Applied For Not Applicable 5. Certificate of Status Desired 8. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
---	--	---

9. Name and Address of Current Registered Agent BAKST, LEE 520 TERRACE HILL TEMPLE TERRACE FL 33617	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
--	--

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
NAME	520 TERRACE HILL DR.	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
STREET ADDRESS	TEMPLE TERRACE FL	2.1 TITLE	2.2 NAME
CITY-ST-ZIP		2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	BAKST, LEE	3.1 TITLE	3.2 NAME
NAME	520 TERRACE HILL DR.	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
STREET ADDRESS	TEMPLE TERRACE FL	4.1 TITLE	4.2 NAME
CITY-ST-ZIP		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE		5.1 TITLE	5.2 NAME
NAME		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
STREET ADDRESS		6.1 TITLE	6.2 NAME
CITY-ST-ZIP		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do 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: Kimberly A. Bakst 3-21-97 988-5364  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
0363383

CR2E034 (9/96)