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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(0)

THE BEST TEE SHIRTS, INC.

Mailing Address

FILED Jan 23 1998 8:00am Secretary of State



4301 W. VINE STREE KISSIMMEE FL 34746	T, Suite C-42	4301 W. VINE S	4301 W. VINE STREET. SUITE C-42 KISSIMMEE FL 34746			DO NOT WRITE IN THIS SPACE			
						 Date Incorporated or Qualified 03/25/1992 			
2. Principal Place of Business		2a. Mailing Addr	2a. Mailing Address			4. FEI Number	Applied For		
21		26	26		59-3120936	Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Additional Fee Required		
City & State		City & State	├ ──			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country 25	Zip 29				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
BHARDWAJ, VIJAY					Name				
4301 W. VINE STREET SUITE C-42			82	Street Address (P.O. Box Number is Not Acceptable)					
KISSIMMEE FL 34746			Ī	83	93				
			ŀ	84	City	FL	85 Zip Code		
11 Pursuant to the pr	rovisions of Sections 607.	0502 and 607,1508. Florid	da Statutes, the ab	OVE	-named corno	oration submits this statement for the purpose of	f changing its registered		

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 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 explicable. (NOTE Registered Agent signature required when reinstating) DATE											
			Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12								
12.	OFFICERS AND DI	13.	ADDITIONS/CHANGES								
TITLE	PD	☐ DELETE	1.1 TITLE		Char	ige Addition					
NAME	BHARDWAJ, VIJAY		1.2 NAME								
STREET ADDRESS	4301 W. VINE ST #C-42		1.3 STREET ADDRESS								
CITY-ST-ZIP	KISSIMMEE FL		1.4 CITY-ST-ZIP								
TITLE	STD	☐ DELETE	2.1 TITLE		Char	ige 🔲 Additioπ					
NAME	Bhardwaj, Neeta		2.2 NAME								
STREET ADDRESS	4301 W. VINE ST #C-42		2.3 STREET ADDRESS								
CITY-ST-ZIP	KISSIMMEE FL		2, 4 CITY - ST - ZIP								
TITLE		DELETÉ	3.1 TITLE		☐ Char	ige 🔲 Addition					
NAME			3.2 NAME	•							
STREET ADDRESS			3.3 STREET ADDRESS								
CITY-ST-ZIP			3.4. CITY - ST - ZIP								
TITLE		DELETE	4.1 TITLE		☐ Char	ige 🔲 Addition					
NAME			4. 2 NAME								
STREET ADORESS			4.3 STREET ADDRESS								
City-St-ZiP			4.4 CITY - ST - ZIP								
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	5.1 TITLE		L Chan	ge 🔲 Addition					
NAME			5.2 NAME								
STREET ADDRESS			5.3 STREET ADDRESS								
CITY-ST-ZIP			5.4 CITY - ST - ZIP								
TITLE		☐ DELETE	6.1 TITLE		Chan	ge 🔲 Addition					
NAME			6.2 NAME								
STREET ADDRESS			6.3 STREET ADDRESS								
CITY_ST_7IP			6.4 CITY-ST-7IP								

Thereby certify that the information supplied with this filling 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 of trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chartred for an an attachment of the corporation of the corpor

1-15-98 (407) 397-0206