

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morman  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY 11 AM 8:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **J33459** (5)

1. Corporation Name

**A1A ATHLETIC SPORTSWEAR, INC.**

Principal Place of Business

Mailing Address

**230 CARSWELL AVENUE  
HOLLY HILL FL 32117-4918**

**230 CARSWELL AVENUE  
HOLLY HILL FL 32117-4918**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/16/1986**

3a. Date of Last Report

**04/28/1994**

4. FEI Number

**59-2732557**

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 files liability for international tax under 5-199 State  
Florida Statutes

Yes  No

2. Principal Place of Business

2a. Mailing Address

21

26

State Apt # etc.

State Apt # etc.

22

27

City & State

City & State

23

28

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FREDERICK, RONALD E.  
25 GOLDEN OAK LANE  
ORMOND BEACH FL 32074**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

**FL**

B5 Zip Code

11. Pursuant to the provisions of Sections 607 (B)(2) and 607 (B)(3), 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 (B)(3), Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required for Change of Registered Agent)

Signature of Registered Agent (Required for Change of Registered Office)

AT

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY, STATE, ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY, STATE, ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY, STATE, ZIP  
TITLE  
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CITY, STATE, ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY, STATE, ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY, STATE, ZIP

**ST  
FREDERICK, CYNTHIA B.  
25 GOLDEN OAK  
ORMOND BEACH FL**  
**P  
FREDERICK, RONALD EDWARD  
25 GOLDEN OAK  
ORMOND BEACH FL**

1. TITLE  
1. NAME  
1. STREET ADDRESS  
1. CITY, STATE, ZIP  
2. TITLE  
2. NAME  
2. STREET ADDRESS  
2. CITY, STATE, ZIP  
3. TITLE  
3. NAME  
3. STREET ADDRESS  
3. CITY, STATE, ZIP  
4. TITLE  
4. NAME  
4. STREET ADDRESS  
4. CITY, STATE, ZIP  
5. TITLE  
5. NAME  
5. STREET ADDRESS  
5. CITY, STATE, ZIP  
6. TITLE  
6. NAME  
6. STREET ADDRESS  
6. CITY, STATE, ZIP

Change  Addition  
 Change  Addition  
 Change  Addition  
 Change  Addition  
 Change  Addition  
 Change  Addition

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119 (2)(3)(b), Florida Statutes. I further certify that the information included 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 13 if changed, or on the attached list with an address.

SIGNATURE:

*[Handwritten Signature]*  
SIGNATURE MUST BE PRINTED OR TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/95

(904)  
239.9707