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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **341999** **(1)**

1. Corporation Name

GOODWEAR UNIFORMS, INC.

Principal Place of Business	Mailing Address
22 N E 167 ST. N. MIAMI BCH. FL 33162	22 N E 167 ST. N. MIAMI BCH. FL 33162

3. Date Incorporated or Qualified: **02/24/1969**

3a. Date of Last Report: **04/11/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: **59-1262809**	☐ Applied For ☐ Not Applicable
21	26 22650 Meridiana Dr.		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Boca Raton, Fla. 33433	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

BIERMAN,HAROLD
22650 MERIDIANA DR.
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 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 _____ DATE

Signature, typed or printed name of registered agent, and title, if applicable (NOTE: Registered Agent's signature required when executing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	BIERMAN,HAROLD		12 NAME		
STREET ADDRESS	22650 MERIDIANA DR.		13 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		14 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	BIERMAN,JANET		22 NAME		
STREET ADDRESS	22650 MERIDIANA DR.		23 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		24 CITY-ST-ZIP		
TITLE	T	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	BIERMAN, JANET		32 NAME		
STREET ADDRESS	22650 MERIDIANA DR.		33 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		34 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	41 TITLE	VP	☒ Change ☐ Addition
NAME	BIERMAN, BARBARA		42 NAME	Barbara Bierman	
STREET ADDRESS	871 NE 209 TERR APT 205		43 STREET ADDRESS	908 Mango Isle	
CITY-ST-ZIP	MIAMI FL		44 CITY-ST-ZIP	Ft. Lauderdale, Fla. 33315	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Janet Bierman 6/8/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #