

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 28 1997 8:00am
Secretary of State

DOCUMENT # L58664

(8)

1. Corporation Name

BLOOMING APPAREL COMPANY

Principal Place of Business

145-147 AVE. A, SE
141 AVE. A., SE
WINTER HAVEN FL 33880
US

Mailing Address

145-147 AVE. A, SE
141 AVE. A., SE
WINTER HAVEN FL 33880
US

3. Date Incorporated or Qualified
03/20/1990

3a. Date of Last Report
05/01/1996

4. FEI Number
59-2997637

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 145-147 AVE. A, SE
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 878
Suite, Apt. #, etc.

22 City & State

23 WINTER HAVEN FL

24 33880 Country
25 US

27 City & State

28 WINTER HAVEN FL

29 33880-0878 Country
30 US

9. Name and Address of Current Registered Agent

SHIRA, SCOTT E.
145-147 AVE. A, SE
WINTER HAVEN FL 33880

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: If registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

PSD
SHIRA, SCOTT E.
220 CREST DR
HAINES CITY FL

TITLE NAME ☐ DELETE

VTD
SHIRA, ALONDA J
220 CREST DR
HAINES CITY FL

TITLE NAME ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

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:

SHIRA, SCOTT E. 145-147 AVE. A, SE WINTER HAVEN FL 33880

CR2E034 (9/96)