

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

FILED

Feb 17 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 # P10376

(2)

1. Corporation Name

BUSTER BROWN APPAREL, INC.



Principal Place of Business

2001 WHEELER AVE
CHATTANOOGA TN 37406
US

Mailing Address

2001 WHEELER AVE
CHATTANOOGA TN 37406-5853
US

3. Date Incorporated or Qualified

06/10/1986

3a. Date of Last Report

04/26/1996

4. FEI Number

38-2478939

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 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	DECARLO, ALBERT A.	
STREET ADDRESS	2001 WHEELER AVE.	
CITY - ST - ZIP	CHATTANOOGA TN	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	CLARK, STEPHEN	
STREET ADDRESS	2001 WHEELER AVENUE	
CITY - ST - ZIP	CHATTANOOGA TN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GROSS, MICHAEL	
STREET ADDRESS	1301 6TH AVE., 38TH FLOOR	
CITY - ST - ZIP	NEW YORK NY	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT, HERB L.	
STREET ADDRESS	2001 WHEELER AVENUE	
CITY - ST - ZIP	CHATTANOOGA TN	
TITLE	SVCF	<input checked="" type="checkbox"/> DELETE
NAME	SMUDZ, THOMAS	
STREET ADDRESS	2001 WHEELER AVENUE	
CITY - ST - ZIP	CHATTANOOGA TN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/C/LEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BROUS L. RILE	
1.3 STREET ADDRESS	2001 WHEELER AVE.	
1.4 CITY - ST - ZIP	CHATTANOOGA TN 37406	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	STEPHEN E. MURPHY	
4.3 STREET ADDRESS	2001 WHEELER AVE.	
4.4 CITY - ST - ZIP	CHATTANOOGA TN 37406	
5.1 TITLE	VPLFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RANDY L. BELMONT	
5.3 STREET ADDRESS	2001 WHEELER AVE	
5.4 CITY - ST - ZIP	CHATTANOOGA TN 37406	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/97

413-443-2646

CR2E034 (9/96)