FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:44

DOCUMENT # P93000059925 (6)

1. Corporation Name
CREATIVE CARE-WEAR, INC.

Principal Place of Business	Mailing Address
16663 NE 19TH AVE NORTH MIAMI BEACH FL 33162	16663 NE 19TH AVE NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/26/1993	3a. Date of Last Report: 06/27/1994
4. FEI Number: 65-0430050	☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc.: NEW ADDRESS 22 MAX M. HAGEN, 3990 SHERIDAN ST. #104	27
City & State: 23 HOLLYWOOD, FL 33021	28 NEW ADDRESS MAX M. HAGEN, 3990 SHERIDAN ST. #104 HOLLYWOOD FL 33021
Zip: 24	Country: 25
	29 30

9. Name and Address of Current Registered Agent

HAGEN, MAX M
16663 NE 19TH AVE
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 NEW ADDRESS
MAX M. HAGEN,
3990 SHERIDAN ST. #104
HOLLYWOOD, FL 33021
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: Dorothy Eldridge (NOTE: Registered Agent signature required when reinstating) DATE: 1/30/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	11 TITLE	☒ Change ☐ Addition
NAME	ELDRIDGE, DOROTHY	12 NAME	
STREET ADDRESS	16663 NE 19TH AVE	13 STREET ADDRESS	3990 Sheridan St. Suite 104
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	14 CITY-ST-ZIP	Hollywood, FL 33021
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is absolutely true and correct as required by the reporting statute (Section 607.1622(2)(b), Florida Statutes). I further certify that the information indicated on this report or supplemental report is true and correct 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 with an asterisk (*) or other designation as an officer or director.

SIGNATURE: Dorothy Eldridge (SIGNATURE AND TITLE OR DESIGNATION OF OFFICER OR DIRECTOR) Dorothy Eldridge 1/30/95 305-1123-0003

0170104 CP