

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000010938 (4)

1. Corporation Name
RAINBOW WEAR, INC.

Principal Place of Business
2802 EAST SUNRISE BOULEVARD
FORT LAUDERDALE FL 33304

Mailing Address
2802 EAST SUNRISE BOULEVARD
FORT LAUDERDALE FL 33304-3311



2. Principal Place of Business 21 2215 WILTON DRIVE Suite, Apt. #, etc.		2a. Mailing Address 26 2215 WILTON DRIVE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/31/1996	3a. Date of Last Report N/A
22 City & State 23 WILTON MANORS, FL Zip Country		27 City & State 28 WILTON MANORS, FL Zip Country		4. FEI Number 65-0718656	Applied For Not Applicable
24 33305 25 BROWARD		29 33305 30 BROWARD		5. Certificate of Status Desired \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent SEIF, DAVID T ESQUIRE 200 SOUTH PARK ROAD SUITE 310 HOLLYWOOD FL 33021		10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	BEEBE, ALAN THOMAS	1.2 NAME	BEEBE, ALAN THOMAS
STREET ADDRESS	2902 EAST SUNRISE BOULEVARD	1.3 STREET ADDRESS	2215 WILTON DRIVE
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	1.4 CITY-ST-ZIP	WILTON MANORS, FL 33305
TITLE	VD	2.1 TITLE	VD
NAME	CLINE, DAVID L	2.2 NAME	CLINE, DAVID L
STREET ADDRESS	2902 EAST SUNRISE BOULEVARD	2.3 STREET ADDRESS	2215 WILTON DRIVE
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	2.4 CITY-ST-ZIP	WILTON MANORS, FL 33305
TITLE	STD	3.1 TITLE	STD
NAME	BELLAMY, JAMES E	3.2 NAME	BELLAMY, JAMES E
STREET ADDRESS	2902 EAST SUNRISE BOULEVARD	3.3 STREET ADDRESS	2215 WILTON DRIVE
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	3.4 CITY-ST-ZIP	WILTON MANORS, FL 33305
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 72 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Alan Thomas Beebe* ALAN THOMAS BEEBE 4/1/97 954-544-4444

CR2E034 (9/96)