

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

**FILED**

**Apr 28 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000010938 (4)**  
 1. Corporation Name  
**RAINBOW WEAR, INC.**



Principal Place of Business <b>2802 EAST SUNRISE BOULEVARD FORT LAUDERDALE FL 33304</b>	Mailing Address <b>2802 EAST SUNRISE BOULEVARD FORT LAUDERDALE FL 33304-3311</b>
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3. Date Incorporated or Qualified <b>01/31/1996</b>	3a. Date of Last Report <b>N/A</b>
4. FEI Number <b>65-0718656</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>2215 WILTON DRIVE</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>2215 WILTON DRIVE</b> Suite, Apt. #, etc.
22 City & State 23 <b>WILTON MANORS, FL</b> Zip Country	27 City & State 28 <b>WILTON MANORS, FL</b> Zip Country
24 <b>33305</b> 25 <b>BROWARD</b>	29 <b>33305</b> 30 <b>BROWARD</b>

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  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>BEEBE, ALAN THOMAS</b>	
STREET ADDRESS	<b>2902 EAST SUNRISE BOULEVARD</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33304</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>CLINE, DAVID L</b>	
STREET ADDRESS	<b>2902 EAST SUNRISE BOULEVARD</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33304</b>	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	<b>BELLAMY, JAMES E</b>	
STREET ADDRESS	<b>2902 EAST SUNRISE BOULEVARD</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33304</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>BEEBE, ALAN THOMAS</b>	
1.3 STREET ADDRESS	<b>2215 WILTON DRIVE</b>	
1.4 CITY-ST-ZIP	<b>WILTON MANORS, FL 33305</b>	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>CLINE, DAVID L</b>	
2.3 STREET ADDRESS	<b>2215 WILTON DRIVE</b>	
2.4 CITY-ST-ZIP	<b>WILTON MANORS, FL 33305</b>	
3.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>BELLAMY, JAMES E</b>	
3.3 STREET ADDRESS	<b>2215 WILTON DRIVE</b>	
3.4 CITY-ST-ZIP	<b>WILTON MANORS, FL 33305</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 72 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Alan Thomas Beebe* *Alan Thomas Beebe* *4/1/97* *954-544-1111*

CR2E034 (9/96)