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FILED
May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000010938 (4)

1. Corporation Name
RAINBOW WEAR, INC.

Principal Place of Business
2215 WILTON DR
WILTON MANORS FL 33305
US

Mailing Address
2215 WILTON DR
WILTON MANORS FL 33305
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/31/1996

4. FEI Number
65-0718656
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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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 ALAN Thomas BEEBE

82 Street Address (P.O. Box Number is Not Acceptable)
2215 Wilton Drive

83

84 City Wilton Manors FL 85 Zip Code 33305

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 *Alan Thomas Beebe*
Signature, typed or printed name of registered agent and title if applicable

ALAN Thomas BEEBE
(NOTE: Registered Agent signature required when reinstating)

4/23/98
DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BEEBE, ALAN THOMAS
STREET ADDRESS 2215 WILTON DR
CITY-ST-ZIP WILTON MANORS FL ☐ DELETE

TITLE VD
NAME CLINE, DAVID L
STREET ADDRESS 2215 WILTON DR
CITY-ST-ZIP WILTON MANORS FL ☐ DELETE

TITLE STD
NAME BELLAMY, JAMES E
STREET ADDRESS 2215 WILTON DR
CITY-ST-ZIP WILTON MANORS FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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 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 *Alan Thomas Beebe* *Alan Thomas Beebe* *Alan Thomas Beebe*

CR2E034 (10/97)