

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

FILED
Apr 15 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 # **P96000083080 (7)**

1. Corporation Name
RB WEAR, INC.

Principal Place of Business 2740 E. OAKLAND PARK BLVD. SUITE 206 FORT LAUDERDALE FL 33306	Mailing Address 2740 E. OAKLAND PARK BLVD. SUITE 206 FORT LAUDERDALE FL 33306-1626
---	--



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/08/1996	3a. Date of Last Report n/a
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0700330	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BARNEY, RANDY 2740 E. OAKLAND PARK BLVD. SUITE 206 FORT LAUDERDALE FL 33306				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	D	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARNEY, RANDY			1.2 NAME	BARNEY, RANDY		
STREET ADDRESS	2740 E. OAKLAND PARK BLVD., #206			1.3 STREET ADDRESS	2740 E. OAKLAND PARK BLVD. #206		
CITY-ST-ZIP	FORT LAUDERDALE FL 33306			1.4 CITY-ST-ZIP	FT LAUDERDALE FL 33306		
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JOSEPH J. LEXA			2.2 NAME	JOSEPH J. LEXA		
STREET ADDRESS	2740 E. OAKLAND PARK BLVD #206			2.3 STREET ADDRESS	2740 E. OAKLAND PARK BLVD #206		
CITY-ST-ZIP	FT. LAUDERDALE FL 33306			2.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33306		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 supplement to 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; the officer or director is empowered to execute this statement as required by Chapter 119, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed from an attachment with an address.

SIGNATURE: *Joseph J. Lexa* **JOSEPH J. LEXA V, ce Pres.** 4/10/97 954 565-6411
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Phone #

CR2E034 (9/96)