FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P- 9600008509L -
1. Corporation Name

BOOMER WEAR ENTERPRISES, INC.

Principal Place of Business   Mailing Address

11400 WAYNE DRIVE
COOPER CITY - FLA 33026

3. Date Incorporated or Qualified 10/11/96	3a. Date of Last Report N/A

4. FEI Number Applied -

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip 24	Country 25	Zip 29	Country 30

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	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent

DRA R. GORDON, ESQ.
3929 Ponce de Leon Blvd
Coral Gables, FLA 33134 -

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
Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent's gnature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	CR2E034 (9/96)
TITLE Pres. +D ☐ DELETE	1.1 TITLE ☐ Change ☐ Addition	
NAME SHERI COWAN	1.2 NAME	
STREET ADDRESS 11400 WAYNE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP COOPER CITY, FLA.	1.4 CITY-ST-ZIP	
TITLE ☐ DELETE	2.1 TITLE ☐ Change ☐ Addition	
NAME	2.2 NAME	
STREET ADDRESS	2.3 STREET ADDRESS	
CITY-ST-ZIP	2.4 CITY-ST-ZIP	
TITLE V.P+DIR- ☐ DELETE	3.1 TITLE ☐ Change ☐ Addition	
NAME BROOKE L. COWAN	3.2 NAME	
STREET ADDRESS (Same Address)	3.3 STREET ADDRESS	
CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE ☐ DELETE	4.1 TITLE ☐ Change ☐ Addition	
NAME	4.2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	
CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE ☐ DELETE	5.1 TITLE ☐ Change ☐ Addition	
NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE ☐ DELETE	6.1 TITLE ☐ Change ☐ Addition	
NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	6.4 CITY-ST-ZIP	

6000022186556
-06/20/97--01088--001
***165.00

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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: _Sheri Ann Cowan_   6/13/97   954-432-9118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #