## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

697215

, Corporation	MENT # 6972 RIDA TEXTILE SERVICES, I	<b>\-</b> /			
Principal Place of Business Mailing Address  222 POMPANO BEACH BLVD.  222 POMPANO BEACH BLVD.					
POMPANO BEACH FL 33062		POMPANO BEACH FL 33062			
				3. Date incorporated or Qualified	
, Principal Pla	lace of Business	2a. Mailing Address 26		4. FEI Number Applied F. 59-2118782 Not Applie	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		Certificate of Status Desired     S. Certificate of Status Desired     Fee Regulred	
City & State	e	City & State		6. Election Campaign Financing \$5.00 May Br	
Z <sub>i</sub> p	Country	<b>28</b> Zip	Country	Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s 199.032,	
L	9. Name and Address of Curre	29 ent Registered Agent	30	Florida Statutes X Yes No 10. Name and Address of New Registered Agent	
			81 Name	10. Heline and Massess of Notif Hogistores Agolit	
MCDIVITT, JOHN 1630 N. FEDERAL HWY.			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	ANO BEACH FL 33307		83		
	210 001111 2 00007		84 City		
			84 City	FL 85 Zip Code	
Or register	eco agent. Or both, in the state of Fig	noa, Such change was authori	zeo by the comoration's ho:	oration submits this statement for the purpose of changing its registered aard of directors. I hereby accept the appointment as registered agent. I a	
familiar wit	th, and accept the obligations of, Sec Signature, typed or printed name of registered age	or and title of applicable (No.	Zeo by the corporation's boas.  DTE: Registered Agent signature requir	oration submits this statement for the purpose of changing its registered and of directors. I hereby accept the appointment as registered agent. I a great when reinstating:	
familiar wit	th, and accept the obligations of, Sec Signature, typed or printed name of registered age	otion 607.0505, Florida Statuter of and titled applicable (NO	OTE: Registered Agent signature requir	oration submits this statement for the purpose of changing its registered and of directors. I hereby accept the appointment as registered agent. I a great when reinstating:  ADDITIONS/CHANGES TO OFFICERS AND DIREC ORS IN 12	
familiar wit	th, and accept the obligations of, Sec Signature, typed or printed name of registered age OFFICERS AT	or and title of applicable (No.	Zeo by the corporation's boas.  DTE: Registered Agent signature requir	oration submits this statement for the purpose of changing its registered and of directors. I hereby accept the appointment as registered agent. I a great when reinstating:	
familiar wit	Signature, typed or printed name of registered age OFFICERS AT PD TRASATTI, GARY A. 51 FORT ROYAL ISLE	otion 607.0505, Florida Statuter of and titled applicable (NO	DTE: Registered Agent signature requirements  1.1 TITLE	oration submits this statement for the purpose of changing its registered and of directors. I hereby accept the appointment as registered agent. I a great when reinstating:  ADDITIONS/CHANGES TO OFFICERS AND DIREC ORS IN 12	
familiar wit familiar wit GNATURE _ F ME EET ADDMESS (~ST-ZIP	Signature, typed or printed name of registered age OFFICERS AT PD TRASATTI, GARY A.	ntial Such Change was authorization 607.0505, Florida Statute:  "t and titled applicable (NO DIRECTORS  DELETE	DTE: Registered Agent signature requir	oration submits this statement for the purpose of changing its registered and of directors. I hereby accept the appointment as registered agent. I a great when reinstating:  ADDITIONS/CHANGES TO OFFICERS AND DIREC ORS IN 12	
familiar wit  SNATURE _  F  ME  EET ADDRESS  r-ST-ZIP  E	Signature, typed or printed name of registered age OFFICERS AT PD TRASATTI, GARY A. 51 FORT ROYAL ISLE FT. LAUDERDALE FL	otion 607.0505, Florida Statuter of and titled applicable (NO	DTE: Registered Agent signature requir  13.  1.1 TiTLE  1.2 NAME  1.3 STREET ADDRESS	oration submits this statement for the purpose of changing its registered and of directors. I hereby accept the appointment as registered agent. I a great when reinstating:  ADDITIONS/CHANGES TO OFFICERS AND DIREC ORS IN 12	
familiar wit familiar wit familiar wit familiar wit familiar wit familiar wit familiar with familiar	Signature, typed or printed name of registered age OFFICERS AT PD TRASATTI, GARY A. 51 FORT ROYAL ISLE FT. LAUDERDALE FL T TRASATTI, ARTHUR A.	ntial Such Change was authorization 607.0505, Florida Statute:  "t and titled applicable (NO DIRECTORS  DELETE	22 NAME  2 Title  2 NAME  2 NAME  2 NAME  2 NAME	oration submits this statement for the purpose of changing its registered and of directors. I hereby accept the appointment as registered agent. I a great virtual registerial agent. I a make the control of directors. I hereby accept the appointment as registered agent. I a great virtual to the control of directors. I hereby accept the appointment as registered agent. I a great virtual to the control of directors. I hereby accept the appointment as registered agent. I a great virtual to the control of directors. I hereby accept the appointment as registered agent. I a great virtual to the control of directors. I hereby accept the appointment as registered agent. I a great virtual to the control of directors. I hereby accept the appointment as registered agent. I a great virtual to the control of directors. I hereby accept the appointment as registered agent. I a great virtual to the control of directors. I hereby accept the appointment as registered agent. I a great virtual to the control of directors. I hereby accept the appointment as registered agent. I a great virtual to the control of directors. I hereby accept the appointment as registered agent. I a great virtual to the control of directors. I hereby accept the control of directors. I hereby accept the appointment as registered agent. I a great virtual to the control of directors. I hereby accept	
F  EET ADDRESS  EET ADDRESS  EET ADDRESS  EET ADDRESS	Signature, typed or printed name of registered age OFFICERS AT PD TRASATTI, GARY A. 51 FORT ROYAL ISLE FT. LAUDERDALE FL T TRASATTI, ARTHUR A. 51 FORT ROYAL ISLE	ntial Such Change was authorization 607.0505, Florida Statute:  "t and titled applicable (NO DIRECTORS  DELETE	TECHNOLOGY THE CORPORATION'S DOCS.  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS	oration submits this statement for the purpose of changing its registered and of directors. I hereby accept the appointment as registered agent. I a great virtual registerial agent. I a make the control of directors. I hereby accept the appointment as registered agent. I a great virtual to the control of directors. I hereby accept the appointment as registered agent. I a great virtual to the control of directors. I hereby accept the appointment as registered agent. I a great virtual to the control of directors. I hereby accept the appointment as registered agent. I a great virtual to the control of directors. I hereby accept the appointment as registered agent. I a great virtual to the control of directors. I hereby accept the appointment as registered agent. I a great virtual to the control of directors. I hereby accept the appointment as registered agent. I a great virtual to the control of directors. I hereby accept the appointment as registered agent. I a great virtual to the control of directors. I hereby accept the appointment as registered agent. I a great virtual to the control of directors. I hereby accept the appointment as registered agent. I a great virtual to the control of directors. I hereby accept the control of directors. I hereby accept the appointment as registered agent. I a great virtual to the control of directors. I hereby accept	
F  FEET ADDRESS  -ST-ZIP  E  EET ADDRESS -ST-ZIP  E  -ST-ZIP  E  -ST-ZIP	Signature, typed or printed name of registered age OFFICERS AT PD TRASATTI, GARY A. 51 FORT ROYAL ISLE FT. LAUDERDALE FL T TRASATTI, ARTHUR A.	ntial Such Change was authorization 607.0505, Florida Statute:  "t and titled applicable (NO DIRECTORS  DELETE	22 NAME  2 Title  2 NAME  2 NAME  2 NAME  2 NAME	oration submits this statement for the purpose of changing its registered aard of directors. I hereby accept the appointment as registered agent. I a great when reinstating:    DATE   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   Change:   Additional Chan	
F F F F F F F F F F F F F F F F F F F	Signature, typed or printed name of registered age OFFICERS AT PD TRASATTI, GARY A. 51 FORT ROYAL ISLE FT. LAUDERDALE FL T TRASATTI, ARTHUR A. 51 FORT ROYAL ISLE	nical Such Change was authorization 607.0505, Florida Statute:  "I and titud applicable (NO  ND DIRECTORS  DELETE	TECHNOLOGY THE CORPORATION'S DOCS.  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	oration submits this statement for the purpose of changing its registered and of directors. I hereby accept the appointment as registered agent. I a great virtual registerial agent. I a make the control of directors. I hereby accept the appointment as registered agent. I a great virtual to the control of directors. I hereby accept the appointment as registered agent. I a great virtual to the control of directors. I hereby accept the appointment as registered agent. I a great virtual to the control of directors. I hereby accept the appointment as registered agent. I a great virtual to the control of directors. I hereby accept the appointment as registered agent. I a great virtual to the control of directors. I hereby accept the appointment as registered agent. I a great virtual to the control of directors. I hereby accept the appointment as registered agent. I a great virtual to the control of directors. I hereby accept the appointment as registered agent. I a great virtual to the control of directors. I hereby accept the appointment as registered agent. I a great virtual to the control of directors. I hereby accept the appointment as registered agent. I a great virtual to the control of directors. I hereby accept the control of directors. I hereby accept the appointment as registered agent. I a great virtual to the control of directors. I hereby accept	
F AME  EET ADDRESS  (-ST-ZIP  EET ADDRESS	Signature, typed or printed name of registered age OFFICERS AT PD TRASATTI, GARY A. 51 FORT ROYAL ISLE FT. LAUDERDALE FL T TRASATTI, ARTHUR A. 51 FORT ROYAL ISLE	nical Such Change was authorization 607.0505, Florida Statute:  "I and titud applicable (NO  ND DIRECTORS  DELETE	Title  2 NAME  2 STREET ADDRESS  2 A DITY-ST-ZIP  3 TITLE  3 TREET ADDRESS  2 A DITY-ST-ZIP  3 TITLE	oration submits this statement for the purpose of changing its registered aard of directors. I hereby accept the appointment as registered agent. I a great when reinstating:    DATE   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   Change:   Additional Chan	
F ADDRESS  (-ST-ZIP  EEL ADDRESS (-ST-ZIP  EEL ADDRESS (-ST-ZIP  EEL ADDRESS EEL ADDRESS	Signature, typed or printed name of registered age OFFICERS AT PD TRASATTI, GARY A. 51 FORT ROYAL ISLE FT. LAUDERDALE FL T TRASATTI, ARTHUR A. 51 FORT ROYAL ISLE	Transition 607.0505, Florida Statute:  Transition 4 applicable (NOTE)  ND DIRECTORS  DELETE  DELETE	TECHNOLOGY THE CORPORATION'S DOCUMENTS.  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2 1 TITLE  22 NAME  23 STREET ADDRESS  24 CITY-ST-ZIP  3 1 TITLE  32 NAME	oration submits this statement for the purpose of changing its registered aard of directors. I hereby accept the appointment as registered agent. I a great when reinstating:    DATE   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   Change:   Additional Chan	
F AME  EET ADDRESS  (-ST-ZIP  EEET ADDRESS	Signature, typed or printed name of registered age OFFICERS AT PD TRASATTI, GARY A. 51 FORT ROYAL ISLE FT. LAUDERDALE FL T TRASATTI, ARTHUR A. 51 FORT ROYAL ISLE	nical Such Change was authorization 607.0505, Florida Statute:  "I and titud applicable (NO  ND DIRECTORS  DELETE	TEC Begistered Agent signature requir  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2 1 TITLE  22 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS	oration submits this statement for the purpose of changing its registered aard of directors. I hereby accept the appointment as registered agent. I a great when reinstating:    DATE   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   Change:   Additional Chan	
F HE EET ADDRESS (-ST-ZIP)	Signature, typed or printed name of registered age OFFICERS AT PD TRASATTI, GARY A. 51 FORT ROYAL ISLE FT. LAUDERDALE FL T TRASATTI, ARTHUR A. 51 FORT ROYAL ISLE	Transition 607.0505, Florida Statute:  Transition 4 applicable (NOTE)  ND DIRECTORS  DELETE  DELETE	TIS PROJECT OF THE COMPORATION'S DOCUMENTS.  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2 TITLE  22 NAME  23 STREET ADDRESS  24 CITY-ST-ZIP  3.1 TITLE  32 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP	oration submits this statement for the purpose of changing its registered aard of directors. I hereby accept the appointment as registered agent. I a great when reliabilities and when reliabilities and the control of	
F HE EET ADDRESSST-ZIP E HE E HE EET ADDRESSST-ZIP E HE E HE EET ADDRESSST-ZIP E	Signature, typed or printed name of registered age OFFICERS AT PD TRASATTI, GARY A. 51 FORT ROYAL ISLE FT. LAUDERDALE FL T TRASATTI, ARTHUR A. 51 FORT ROYAL ISLE	Transition 607.0505, Florida Statute:  Transition 4 applicable (NOTE)  ND DIRECTORS  DELETE  DELETE	TIS NAME  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2 1 TITLE  22 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  4.3 STREET ADDRESS  4.1 CITY-ST-ZIP  4.1 TITLE  42 NAME  43 STREET ADDRESS	oration submits this statement for the purpose of changing its registered aard of directors. I hereby accept the appointment as registered agent. I a great when reliabilities and when reliabilities and the control of	
F HE EET ADDRESS -ST-ZIP E E EET ADDRESS -ST-ZIP E E E ST-ZIP E E E E E E E E E E E E E E E E E E E	Signature, typed or printed name of registered age OFFICERS AT PD TRASATTI, GARY A. 51 FORT ROYAL ISLE FT. LAUDERDALE FL T TRASATTI, ARTHUR A. 51 FORT ROYAL ISLE	Transition 607.0505, Florida Statutes  Transition applicable (N  ND DIRECTORS  DELETE  DELETE  DELETE	TIS NAME  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2 1 TITLE  22 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP	oration submits this statement for the purpose of changing its registered and of directors. I hereby accept the appointment as registered agent. I a made when reinstating:    DATE   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   Change:   Additionally Addition	
F IE EET ADDRESS - ST-ZIP E E ET ADDRESS - ST-ZIP E E E ST-ZIP E E E E ADDRESS - ST-ZIP E E E E E ADDRESS - ST-ZIP E E E E E ADDRESS - ST-ZIP	Signature, typed or printed name of registered age OFFICERS AT PD TRASATTI, GARY A. 51 FORT ROYAL ISLE FT. LAUDERDALE FL T TRASATTI, ARTHUR A. 51 FORT ROYAL ISLE	Transition 607.0505, Florida Statute:  Transition 4 applicable (NOTE)  ND DIRECTORS  DELETE  DELETE	TIS PROJECT OF THE PROPERTY OF THE PROJECT OF THE P	oration submits this statement for the purpose of changing its registered aard of directors. I hereby accept the appointment as registered agent. I a great when reliabilities and when reliabilities and the control of	
F F F F F F F F F F F F F F F F F F F	Signature, typed or printed name of registered age OFFICERS AT PD TRASATTI, GARY A. 51 FORT ROYAL ISLE FT. LAUDERDALE FL T TRASATTI, ARTHUR A. 51 FORT ROYAL ISLE	Transition 607.0505, Florida Statutes  Transition applicable (N  ND DIRECTORS  DELETE  DELETE  DELETE	TIS PROBLEM OF THE PROPERTY OF THE PROBLEM OF THE P	oration submits this statement for the purpose of changing its registered and of directors. I hereby accept the appointment as registered agent. I a made when reinstating:    DATE   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   Change:   Additionally Addition	
F HE	Signature, typed or printed name of registered age OFFICERS AT PD TRASATTI, GARY A. 51 FORT ROYAL ISLE FT. LAUDERDALE FL T TRASATTI, ARTHUR A. 51 FORT ROYAL ISLE	Transition 607.0505, Florida Statutes  Transition applicable (N  ND DIRECTORS  DELETE  DELETE  DELETE	TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2 1 TITLE  22 NAME  23 STREET ADDRESS  24 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  42 NAME  43 STREET ADDRESS  3.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS	oration submits this statement for the purpose of changing its registered and of directors. I hereby accept the appointment as registered agent. I a made when reinstating:    DATE   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   Change:   Additionally Addition	
F AME  EET ADDRESS (-ST-ZIP)  E  E  E  E  E  E  E  E  E  E  E  E  E	Signature, typed or printed name of registered age OFFICERS AT PD TRASATTI, GARY A. 51 FORT ROYAL ISLE FT. LAUDERDALE FL T TRASATTI, ARTHUR A. 51 FORT ROYAL ISLE	Transition 607.0505, Florida Statutes  Transition applicable (N  ND DIRECTORS  DELETE  DELETE  DELETE	TIS PROBLEM OF THE PROPERTY OF THE PROBLEM OF THE P	oration submits this statement for the purpose of changing its registered and of directors. I hereby accept the appointment as registered agent. I a made when reinstating:    DATE   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   Change:   Additionally Addition	
F AME  EET ADDRESS (-ST-ZIP)  E	Signature, typed or printed name of registered age OFFICERS AT PD TRASATTI, GARY A. 51 FORT ROYAL ISLE FT. LAUDERDALE FL T TRASATTI, ARTHUR A. 51 FORT ROYAL ISLE	Transition 607.0505, Florida Statutes  Transition 4 applicable (N  ND DIRECTORS  DELETE  DELETE  DELETE	TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2 1 TITLE  22 NAME  23 STREET ADDRESS  24 CITY-ST-ZIP  4.1 TITLE  42 NAME  43 STREET ADDRESS  4.1 CITY-ST-ZIP  5.1 TITLE  42 NAME  53 STREET ADDRESS  54 CITY-ST-ZIP	oration submits this statement for the purpose of changing its registered and of directors. I hereby accept the appointment as register ad agent. La ared when reinstating:    DATE	
familiar wit GNATURE _ F ME EET ADDRESS r-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AT PD TRASATTI, GARY A. 51 FORT ROYAL ISLE FT. LAUDERDALE FL T TRASATTI, ARTHUR A. 51 FORT ROYAL ISLE	Transition 607.0505, Florida Statutes  Transition 4 applicable (N  ND DIRECTORS  DELETE  DELETE  DELETE	TECH Begistered Apont signature requirements.  13.  1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3.1 TITLE 32 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 42 NAME 43 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 6.1 TITLE	oration submits this statement for the purpose of changing its registered and of directors. I hereby accept the appointment as register ad agent. La ared when reinstating:    DATE	

SIGNATURE: S

3/24/56 305 543-36,3