

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F19585

(1)

1. Corporation Name

CROSS STITCH CUPBOARD, INC.



Principal Place of Business

**1600 N.E. 26TH ST.
FT LAUDERDALE FL 33306**

Mailing Address

**1600 N.E. 26TH ST.
FT LAUDERDALE FL 33306**

3. Date Incorporated or Qualified
02/13/1981

3a. Date of Last Report
05/01/1995

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

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

4. FEI Number

59-2084138

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**OWEN RICHARD D.
1415 EAST SUNRISE BLVD #412
FORT LAUDERDALE FL 33304**

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 the corporation.

Initial Registered Agent Signature required when constituting.

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	SWARTZWELDER, MITTEN	
STREET ADDRESS	5820 S.W. 7TH ST.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	☐ DELETE
NAME	SWARTZWELDER, KATHY	
STREET ADDRESS	5820 SW 7TH ST.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	DT	☐ DELETE
NAME	OWEN, RICHARD	
STREET ADDRESS	2621 CLEMATIS PLACE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	☐ DELETE
NAME	OWEN, KAREN	
STREET ADDRESS	2621 CLEMATIS PLACE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	PD	☐ DELETE
NAME	REGENSDORF, WANDA	
STREET ADDRESS	2632 NE 27TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

1. TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
2. TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
3. TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
4. TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
5. TITLE	☒ Change ☐ Addition
52 NAME	WANDA REGENSDORF IRWIN
53 STREET ADDRESS	(please add new last name)
54 CITY-ST-ZIP	
6. TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Richard D. Owen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

CR2E034 (12/95)