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Feb 25 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 # **F19585**

(1)

1. Corporation Name

CROSS STITCH CUPBOARD, INC.



Principal Place of Business

**1600 N.E. 26TH ST.
FT LAUDERDALE FL 33305**

Mailing Address

**1600 N.E. 26TH ST.
FT LAUDERDALE FL 33305-1411**

3. Date Incorporated or Qualified

02/13/1981

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip

25
Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip

30
Country

4. FEI Number

59-2084138

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional**

Fee Required

6. Election Campaign Financing

☐ **\$5.00 May Be**

Trust Fund Contribution

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

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

10. Name and Address of New Registered Agent

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 signature required when reinstating)

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	IRWIN, WANDA REGENSDO	
STREET ADDRESS	2632 NE 27TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)