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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State
04-26-1999 90058 047 ***150.00

DOCUMENT # **F19585**

1. Corporation Name
CROSS STITCH CUPBOARD, INC.

Principal Place of Business	Mailing Address
1600 N.E. 26TH ST. FT LAUDERDALE FL 33305	1600 N.E. 26TH ST. FT LAUDERDALE FL 33305

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/13/1981	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2084138	Applied For Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax.	☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OWEN RICHARD D. ~~1415 EAST SUNRISE BLVD #412~~ FORT LAUDERDALE FL ~~33304~~	81 Name: Owen, Richard D. 82 Street Address (P.O. Box Number is Not Acceptable): 1650 NE 26 St 83 84 City: Ft. Lauderdale FL 85 Zip Code: 33305

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SWARTZWELDER, MITTEN		1.2 NAME	
STREET ADDRESS	5820 S.W. 7TH ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SWARTZWELDER, KATHY		2.2 NAME	
STREET ADDRESS	5820 SW 7TH ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL		2.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	OWEN, RICHARD		3.2 NAME	
STREET ADDRESS	2621 CLEMATIS PLACE		3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL		3.4. CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	OWEN, KAREN		4. 2 NAME	
STREET ADDRESS	2621 CLEMATIS PLACE		4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL		4.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	IRWIN, WANDA REGENSDO		5.2 NAME	
STREET ADDRESS	2632 NE 27TH ST		5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL		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	

14. I 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, with all other like empowered.

SIGNATURE: Richard Swartzwelder 2-20-99 954 563-6363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Richard Swartzwelder

CR2E034 (11/98)