FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:20

DOCUMENT # K87147 (0)

1. GREAT AMERICAN QUILT COMPANY, INC.

Principal Office Address
1800 W HIBISCUS BLVD
STE 103
MELBOURNE FL 32901
US

Mailing Address
% BARBARA L. ALENCI
860 SPANISH WELLS DR
MELBOURNE FL 32940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (or Qualified): 05/10/1989
3a. Date of Last Report: 03/01/1994

2. Other Principal Places of Business
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22
23
24 25

2a. Mailing Address
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29 30

4. FEI Number: 59-2947499 — 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. Has corporation been totally liquidated since January 1, 1988? Yes [ ] No [X]

9. Name and Address of Current Registered Agent
ALENCI, BARBARA L.
860 SPANISH WELLS DR
MELBOURNE FL 32940

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 Section 607.0505, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The 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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ALENCI, BARBARA L.
STREET ADDRESS	860 SPANISH WELLS DR.
CITY, ST, ZIP	MELBOURNE FL
TITLE	V
NAME	ALENCI, ANTHONY J
STREET ADDRESS	860 SPANISH WILLS DR
CITY, ST, ZIP	MELBOURNE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I 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)(i), Florida Statutes. I further certify that the information indicated on the 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of the report or on an attached sheet with an address.

SIGNATURE: A L Alenci 2-11-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0074077 CP