

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Jan 30 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 # P21530 (1)**

1. Corporation Name  
**WESTGATE FABRICS, INC.**



Principal Place of Business: **1000 FOUNTAIN PARKWAY P.O. BOX 534038 GRAND PRAIRIE TX 75053-1038**  
Mailing Address: **1000 FOUNTAIN PARKWAY P.O. BOX 534038 GRAND PRAIRIE TX 75050-1511**

3. Date Incorporated or Qualified: **10/28/1988**      3a. Date of Last Report: **02/06/1996**  
4. FEI Number: **75-0706564**      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

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 Zip Code: **FL** 85

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	<b>COLLINS, FLOYD W</b>	
STREET ADDRESS	<b>1000 FOUNTAIN PARKWAY</b>	
CITY-ST-ZIP	<b>GRAND PRAIRIE TX</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>WRIGHT, JOHN C</b>	
STREET ADDRESS	<b>1000 FOUNTAIN PARKWAY</b>	
CITY-ST-ZIP	<b>GRAND PRAIRIE TX</b>	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	<b>STENGER, JOHN P</b>	
STREET ADDRESS	<b>1000 FOUNTAIN PARKWAY</b>	
CITY-ST-ZIP	<b>GRAND PRAIRIE TX</b>	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	<b>CROWLEY, DONALD L</b>	
STREET ADDRESS	<b>1000 FOUNTAIN PARKWAY</b>	
CITY-ST-ZIP	<b>GRAND PRAIRIE TX</b>	
TITLE	COO	<input type="checkbox"/> DELETE
NAME	<b>CASSEN, J. JAY</b>	
STREET ADDRESS	<b>1000 FOUNTAIN PARKWAY</b>	
CITY-ST-ZIP	<b>GRAND PRAIRIE TX</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 a 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]* **V.P. France**      1-17-97 (972) 647-2323  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/96)