

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

**FILED**  
**Mar 18 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P21530 (1)**

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



Principal Place of Business <b>1000 FOUNTAIN PARKWAY                  P.O. BOX 534038                  GRAND PRAIRIE TX 75053-1038</b>	Mailing Address <b>1000 FOUNTAIN PARKWAY                  P.O. BOX 534038                  GRAND PRAIRIE TX 75053-1038</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/28/1988</b>	
21		26		4. FEI Number <b>75-0706564</b>	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	29. Zip	30. Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC.                  1201 HAYS STREET                  SUITE 105                  TALLAHASSEE FL 32301</b>				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO <b>COLLINS, FLOYD W</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>1000 FOUNTAIN PARKWAY                  GRAND PRAIRIE TX</b>	1.2 NAME	
CITY-ST-ZIP		1.3 STREET ADDRESS	
TITLE	V <b>WRIGHT, JOHN C</b>	1.4 CITY-ST-ZIP	
STREET ADDRESS	<b>1000 FOUNTAIN PARKWAY                  GRAND PRAIRIE TX</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		2.2 NAME	
TITLE	VS <b>STENGER, JOHN P</b>	2.3 STREET ADDRESS	
STREET ADDRESS	<b>1000 FOUNTAIN PARKWAY                  GRAND PRAIRIE TX</b>	2.4 CITY-ST-ZIP	
CITY-ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VT <b>CROWLEY, DONALD L</b>	3.2 NAME	
STREET ADDRESS	<b>1000 FOUNTAIN PARKWAY                  GRAND PRAIRIE TX</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	COO <b>CASSEN, J. JAY</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>1000 FOUNTAIN PARKWAY                  GRAND PRAIRIE TX</b>	4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
STREET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		5.2 NAME	
TITLE		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		6.2 NAME	<b>VS                  FENN, WILLIAM</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>1000 FOUNTAIN PARKWAY</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>GRAND PRAIRIE TX 75050</b>

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.

SIGNATURE: \_\_\_\_\_ 1-13-98 (972) 647-2333

CR2E034 (10/97)