


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

FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90022 038 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P21530
 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 75053-1038
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 10/28/1988	Applied For
4. FEI Number 75-0706564	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	COLLINS, FLOYD W	
STREET ADDRESS	1000 FOUNTAIN PARKWAY	
CITY-ST-ZIP	GRAND PRAIRIE TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WRIGHT, JOHN C	
STREET ADDRESS	1000 FOUNTAIN PARKWAY	
CITY-ST-ZIP	GRAND PRAIRIE TX	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	STENGER, JOHN P	
STREET ADDRESS	1000 FOUNTAIN PARKWAY	
CITY-ST-ZIP	GRAND PRAIRIE TX	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	CROWLEY, DONALD L	
STREET ADDRESS	1000 FOUNTAIN PARKWAY	
CITY-ST-ZIP	GRAND PRAIRIE TX	
TITLE	COO	<input type="checkbox"/> DELETE
NAME	CASSEN, J. JAY	
STREET ADDRESS	1000 FOUNTAIN PARKWAY	
CITY-ST-ZIP	GRAND PRAIRIE TX	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	FINN, WILLIAM	
STREET ADDRESS	1000 FOUNTAIN PKWY	
CITY-ST-ZIP	GRAND PRAIRIE TX 75050	

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 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: *Donald L Crowley* 1-19-99 (972) 647-2323
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)