FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 AM 11:30

DOCUMENT # S31137 (0)

1. Corporation Name
SEW WHAT DESIGNS, INC.

Principal Place of Business
12016 N. NEBRASKA AVE.
TAMPA FL 33612
US

Mailing Address
12016 N. NEBRASKA AVE.
TAMPA FL 33612
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/07/1991
3a. Date of Last Report: 04/12/1994

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

4. FEI Number: 59-3047368 — 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

9. Name and Address of Current Registered Agent
GRECO, FRANK J. ESQUIRE
115 EAST WHITING STREET
TAMPA FL 33602

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City — FL — B5 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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	KARL, ROBERT
STREET ADDRESS	633 MARMORA AVENUE
CITY, ST, ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. I hereby certify that the information supplied with this filing, and accompanying annual report, is true and accurate and that my signature shall serve as my resignation as registered agent, if I am a registered agent, in accordance with Florida Statutes. I further certify that the information contained herein, if any, for the annual report or supplemental annual report, is true and accurate and that my signature shall serve as my resignation as registered agent, if I am a registered agent, in accordance with Florida Statutes. I further certify that I am an officer or director of the corporation or other person authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attached sheet with an address.

SIGNATURE: [signature] 1-11-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

0205502 CP