

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 233366 (4)

1. Corporation Name

FABRIC KING, INC.



Principal Place of Business

Mailing Address

8019 N. HIMES AVE.  
SUITE 401  
TAMPA FL 33614

8019 N. HIMES AVE.  
SUITE 401  
TAMPA FL 33614

2. Principal Place of Business

2a. Mailing Address

21 1313 GRAY ST

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 TAMPA FL

28 City & State

24 Zip 33606

25 Country USA

29 Zip

Country

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/15/1960

3a. Date of Last Report

07/17/1995

4. FEI Number

59-0894675

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

10. Name and Address of New Registered Agent

81 Name

GARY N. COHEN

82 Street Address (P.O. Box Number is Not Acceptable)

1313 GRAY ST.

83

84 City

TAMPA, FLA.

FL

85 Zip Code

33606

CISNEROS, FRANK G JR.  
8019 N. HIMES AVE.  
SUITE 401  
TAMPA FL 33614

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 is 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: GARY N. COHEN, PRES.

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent's signature required when re-appointing)

Date

12. OFFICERS AND DIRECTORS

TITLE	TSO	<input checked="" type="checkbox"/> DELETE
NAME	BELLO, ERNEST	
STREET ADDRESS	16101 ARMISTEAD LANE	
CITY - ST - ZIP	ODESSA FL	
TITLE	PO	<input checked="" type="checkbox"/> DELETE
NAME	CISNEROS, FRANK G JR.	
STREET ADDRESS	1313 GRAY ST.	
CITY - ST - ZIP	TAMPA FL 33606	
TITLE	DAS	<input checked="" type="checkbox"/> DELETE
NAME	CISNEROS, ANNA M	
STREET ADDRESS	1313 GRAY ST.	
CITY - ST - ZIP	TAMPA FL 33606	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CISNEROS, FRANK G	
STREET ADDRESS	5041 WEST CYPRESS ST.	
CITY - ST - ZIP	TAMPA FL 33607	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	GARY N. COHEN, PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	1313 GRAY ST.	
1.3 STREET ADDRESS	TAMPA, FLA. 33606	
1.4 CITY - ST - ZIP		
2.1 TITLE	ANDRION COHEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	1313 GRAY ST.	
2.3 STREET ADDRESS	TAMPA, FLA. 33606	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, with an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96

813 251-0775

CR2E034 (12/95)