

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
**8019 N. HIMES AVE.
SUITE 401
TAMPA FL 33614**

Mailing Address
**8019 N. HIMES AVE.
SUITE 401
TAMPA FL 33614**

2. Principal Place of Business
21 **1313 GRAY ST**
Suite, Apt. #, etc.
22
City & State
23 **TAMPA FL**
Zip
24 **33606** Country
25 **USA**

2a. Mailing Address
26 **SAME**
Suite, Apt. #, etc.
27
City & State
28
Zip
29 Country
30

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

9. Name and Address of Current Registered Agent
**CISNEROS, FRANK G JR.
8019 N. HIMES AVE.
SUITE 401
TAMPA FL 33614**

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**

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-registering.)

Date:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD BELLO, ERNEST 16101 ARMISTEAD LANE ODESSA FL <input checked="" type="checkbox"/> DELETE	1. 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CISNEROS, FRANK G JR. 1313 GRAY ST. TAMPA FL 33606 <input checked="" type="checkbox"/> DELETE	2. 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DAS CISNEROS, ANNA M 1313 GRAY ST. TAMPA FL 33606 <input checked="" type="checkbox"/> DELETE	3. 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CISNEROS, FRANK G 5041 WEST CYPRESS ST. TAMPA FL 33607 <input checked="" type="checkbox"/> DELETE	4. 1 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5. 1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6. 1 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP

GARY N. COHEN, PRES. Change Addition

**1313 GRAY ST.
TAMPA, FLA. 33606**

ANDRION COHEN Change Addition

**1313 GRAY ST.
TAMPA, FLA. 33606**

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

Date:

Display # Phone #

CR2E034 (12/95)