May 06, 1999 8:00 am Secretary of State

05-06-1999 90292 006 ***750.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 233366

1. Corporation Name

FABRIC KING, INC.

Principal Place of Business Mailing Address				·				1 (98(1) 11868 (1188 1118 11118 11118 11117 11117				
1313 GRAY ST 1313 GRAY ST							1					
SUITE 401 SUITE 401										_		
TAMPA FL 33606 TAMPA FL 33606								DO NOT WRITE IN THIS SPACE				
US US								3. Date Incorporated or Qualifed				
								02/15/1960				
2. Principal Pl	ace of Business	2a.	Mailing Address				4.	FEI Number		 -	plied For	
1 26								<u>59-0894675</u>			ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.							Certificate of Status Desired			Additional		
27								F	ee Re	equired		
City & State City & State							Election Campaign Financing	\$5.00 May Be				
23 28								Trust Fund Contribution Added to Fees				
Zip	Country		Zip	Cour	itry	,	8.	This corporation owes the current year In	tangible	ŧ	_	
24	25	29		30				Personal Property Tax.	☐ Ye	s	□No	
	g. Name and Address of Curre	nt Regis	tered Agent				10.	Name and Address of New Registered	Agent			
					81	Name						
COHEN, GARY N					82	Street Address (P.O. Box Number is Not Acceptable)						
1313 GRAY ST					62 Street Addres			Box (validos) is that the plants,				
SUITE 401				Ī	83							
TAM	PA FL 33606					L.——			1			
				1	84	City		FI	85	Zip (Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-nam office or registered agent, or both, in the State of Florida. Such change was authorized by the coagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature)							on's bo	oard of directors. I hereby accept the appo	intment	as re	gistered	
12.	OFFICERS A	ND DIRE	CTORS	13.				ADDITIONS/CHANGES TO OFFICERS A	ND DIR	ECTC	ORS IN 12	
TITLE	P		☐ DELETE	1.1 TIT	LE				☐ Ch	ange	Addition	
NAME	COHEN, GARY N			1.2 NAI	1.2 NAME						(
STREET ADDRESS	1313 GRAY ST			1.3 ST	1.3 STREET ADDRESS							
CITY-ST-ZIP	TAMPA FL			1 4 CIT	1.4 CITY-ST-ZIP						ł	
TITLE	D DELETE		2.1 717					☐ Ch	ange	Addition		
NAME	COHEN, ANDREW			22 NA	2.2 NAME						ļ	
STREET ADDRESS	1313 GRAY ST					T ADDRESS						
	TAMPA FL			2,4 CI								
CITY-ST-ZIP	CFO CFO		☐ DELETE	3.1 YITI		31-ZIF			☐ Ch	ange	Addition	
TITLE	BUCHMAN, ELLIOTT			3.2 NA						J-	_	
NAME												
STREET ADDRESS	1313 GRAY ST.					T ADDRESS						
CITY-ST-ZIP	TAMPA FL			_	3.4. C/TY-ST-ZIP				□ Ch		Addition	
TITLE			☐ nerese							ange		
NAME				4, 2 NA							-	
STREET ADDRESS				4,3 STF	REET	TADDRESS					}	
CITY-ST-ZIP				4,4 CIT		T- ZIP						
TITLE			☐ DELETE	5.1 TIT					Cr	ange	☐ Addition	
NAME				5.2 NA							Ì	
STREET ADDRESS				5.3 STI	REET	TADDRESS						
CITY-ST-ZIP	·			5.4 CIT		T- ZIP						
TITLE			□ DELETE	6.1 TIT	LE				☐ Ch	ange	☐ Addition	

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 aritual 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: _

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP