

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 # 317393 (7)

1. Corporation Name
ABC FABRICS INC



Principal Place of Business

1313 GRAY STREET
TAMPA FL 33606

Mailing Address

1313 GRAY STREET
TAMPA FL 33606

3. Date Incorporated or Qualified
06/02/1967

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-1169361

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

COHEN, GARY
1313 GRAY STREET
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

Signature, typed or printed name of registered agent and the fee paid.

(901b) Registered Agent signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE
NAME COHEN, DOROTHY
STREET ADDRESS 3401 BAYSHORE DR
CITY-ST-ZIP TAMPA FL

TITLE DP ☐ DELETE
NAME COHEN, GARY
STREET ADDRESS 3435 BAYSHORE DR
CITY-ST-ZIP TAMPA FL

TITLE PD ☐ DELETE
NAME COHEN, ANDREW
STREET ADDRESS 1501 S ALBANY
CITY-ST-ZIP TAMPA, FL 00000

TITLE VP ☒ DELETE
NAME COIRA, A.
STREET ADDRESS 4410 W LAMBRIGHT
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS 1313 GRAY ST.
14 CITY-ST-ZIP TAMPA, FLA.

21 TITLE ☒ Change ☐ Addition

22 NAME
23 STREET ADDRESS 1313 GRAY ST.
24 CITY-ST-ZIP TAMPA, FLA.

31 TITLE ☒ Change ☐ Addition

32 NAME
33 STREET ADDRESS 1313 GRAY ST.
34 CITY-ST-ZIP TAMPA, FLA.

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96

Date

813-751-0775

Daytime Phone #

CR2E034 (12/95)