

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

FILED  
Apr 22 1996 8:00 am  
Secretary of State

DOCUMENT # 395373

(4)

1. Corporation Name

A.B.C. FABRICS OF TAMPA, INC.



Principal Place of Business

1313 GRAY STREET  
TAMPA FL 33606

Mailing Address

1313 GRAY STREET  
TAMPA FL 33606

3. Date Incorporated or Qualified  
02/07/1972

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

4. FEI Number  
59-1378228

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COHEN, GARY  
1313 GRAY ST  
TAMPA FL 33606

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

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

☐ DELETE

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

☐ DELETE

TITLE PD  
NAME COHEN, GARY  
STREET ADDRESS 3435 BAYSHORE BLVD  
CITY-ST-ZIP TAMPA FL

☐ DELETE

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

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 1313 GRAY ST.

1.4 CITY-ST-ZIP TAMPA, FLORIDA

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 1313 GRAY ST.

2.4 CITY-ST-ZIP TAMPA, FLORIDA

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 1313 GRAY ST.

3.4 CITY-ST-ZIP TAMPA, FLORIDA

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 its 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96

Date

813 251-0775

Daytime Phone #

CR2E034 (12/95)