

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **434808** (2)

1. Corporation Name:  
**PFAFF SEWING CENTER, INC**



Principal Place of Business: **61 W. PROSPECT ROAD FT. LAUDERDALE FL 33309**  
Mailing Address: **61 W. PROSPECT ROAD FT. LAUDERDALE FL 33309**

3. Date Incorporated or Qualified: **09/12/1973**  
3a. Date of Last Report: **03/02/1995**  
4. FEI Number: **59-1483498**  
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: 21 [ ]  
2a. Mailing Address: 26 [ ]  
Suite, Apt. #, etc.: 22 [ ]  
City & State: 23 [ ]  
Zip: 24 [ ] Country: 25 [ ]  
City & State: 27 [ ]  
Zip: 28 [ ] Country: 29 [ ]

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**BURKLE, JACK D.  
61 W. PROSPECT RD.  
FT. LAUDERDALE FL 33309**

81 Name: [ ]  
82 Street Address (P.O. Box Number is Not Acceptable): [ ]  
83 [ ]  
84 City: [ ]  
85 Zip Code: **FL** [ ]

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 of Registered Agent (required) and of the Corporation (required)

(Signature of Agent and signature of registered agent)

DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURKLE, JACK D</b>	1.2 NAME	
STREET ADDRESS	<b>2836 NW 11TH AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CINDY D. MEAD</b>	2.2 NAME	
STREET ADDRESS	<b>2335 KORN ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NILES MI</b>	2.4 CITY-ST-ZIP	
TITLE	<b>ST</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURKLE, NORMA</b>	3.2 NAME	
STREET ADDRESS	<b>2836 NW 11TH AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURKLE, JACK D JR</b>	4.2 NAME	
STREET ADDRESS	<b>2009 N.W. 3 AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_

**JACK D BURKLE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-96 305-772-2124  
DATE: \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

CR2E034 (12/95)