

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **734236** (3)  
1. Corporation Name  
**TEXTILE SALESMEN'S ASSOCIATION OF FLORIDA, INC.**



Principal Place of Business Mailing Address  
**BUENA VISTA ST.  
P.O. BOX 370371  
MIAMI FL 33137**

3. Date Incorporated or Qualified **11/03/1975** 3a. Date of Last Report **03/29/1995**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	4. FEI Number <b>59-1640747</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

## 9. Name and Address of Current Registered Agent

**SHAPPE, ALLAN  
17400 N.E. 12TH COURT  
NORTH MIAMI BEACH FL 33162**

## 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 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSEN, ERIC</b>	1.2 NAME	
STREET ADDRESS	<b>10752 N SARATOGA DR</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>COOPER CITY FL 33026</b>	1.4 CITY - ST - ZIP	<b>COOPER CITY, FL. 33026</b>
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAYLOR, MICHAEL</b>	2.2 NAME	
STREET ADDRESS	<b>9150 NW 53 STR</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CORAL SPRINGS FL 33067</b>	2.4 CITY - ST - ZIP	<b>CORAL SPRINGS, FL 33067</b>
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PALLEJA, PETER</b>	3.2 NAME	
STREET ADDRESS	<b>7848 BILTMORE BLVD</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIRAMAR FL 33023-5828</b>	3.4 CITY - ST - ZIP	<b>MIRAMAR, FL 33023-5828</b>
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEVINE, ROBERT</b>	4.2 NAME	
STREET ADDRESS	<del>800 SW 91ST AVE. #210</del> <b>120 SW 91ST AVE #210</b>	4.3 STREET ADDRESS	<b>120 SW 91ST AVE. #210</b>
CITY - ST - ZIP	<b>PLANTATION FL 33324</b>	4.4 CITY - ST - ZIP	<b>PLANTATION, FL. 33324</b>
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 concerned to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an add

SIGNATURE: *Peter Palleja*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER  
**TREASURER**

Peter Palleja  
7848 Biltmore Blvd.  
Miramar, FL 33023-5828  
Ph-FAX (305) 981-9772

1-18-96 (954) 981-9772  
Date Daytime Phone #

CR2E037 (12/95)