FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1007



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1331												
DOCUMENT # 849378 (5) HOLLANDER HOME FASHIONS CORP.								!					
Principal Place of Business				Mailing Address						1 (4)191 7811 01919 10199 (1)117 7980	*********		*****
8560 WEST ROGERS CIRCLE BOCA RATON FL 33487				6560 WEST ROGERS CIRCLE BOCA RATON FL 33487-2705									
										3. Date Incorporated or Qualific	a a	. Date of Last Re	nord .
										06/08/1981		04/01/1996	sport
2. Principal Place of Business				2a. Mailing Address						4. FEI Number			plied For
				26						22-1621577			t Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.						5. Certificate of Status Desired		\$8.75 A Fee Re	
City & State				City & State						6. Election Campaign Financin		\$5.00	
23			28							Trust Fund Contribution	<u> </u>	Added to	
Zip		Country	}ı	Zip Coun			untry			8. This corporation has liability			199.032,
24		15 and Address of Currer	29			30	7			Florida Statutes 10, Name and Address of New	Yes		
μ <u>Λ</u> ι			i negiste	ereu Age	9111		81	Name		1U. Marile and Address of New	uafisia	rea Agent	
	LANDER, LI									· · · · · · · · · · · · · · · · · · ·			
6560 WEST ROGERS CIRCLE POCA RATON FL 33487						82 Street Addr				ss (P.O. Box Number is Not Accep	otable)		}
POOK PATOR TE 85407							83						
							84	City				[ar] 75 C	lada.
								•				FL 85 Zip C	
11. Pursuant t	o the provision	ons of Sections 607.050	2 and 60	7.1508, f	lorida Statut	es, the e	bove	the co	corpo	ration submits this statement for the n's board of directors. I hereby ac	e purpo	se of changing its	s registered
agent 1 ar	n familiar with	n, and accept the oblig	ations of,	Section	607.0505, Fi	orida Sta	tutes	i 10 00	poratio	in a bodie of directors. Thereby de	capt ino	appointment as i	registered
SIGNATURE					11/04	r De la						NE.	
12.	Signarare typed b	r prieted name of registered age OFFICERS AN			INOI	13.		nt signatul	e required	when reinstating) ADDITIONS/CHANGES TO O			S IN 12
THLE	CS				DELETE	1.1 7			T			Change	Addition
NAME	HOLLAND					1.2 N	AME						
STREET ADDRESS				1.3 \$			1.3 STREET ADDRESS		1				
C(1Y - S1 - 7/P	BOCA RA	TON FL				1.40	ITY-S	T-ZIP	<u> </u>				
101.6	P	en Gereney		L	DELETE	2.1 T						Change	Addition \
NAME		er, Jeffrey Rogers Circle				2.2 N							
STREET ADDRESS	BOCA RA			1			2.4 CITY-ST-ZIP		1				į
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STREET ADDRESS								address					ļ
CiTY+S1-7iP	·			· · · · · · · · · · · · · · · · · · ·	DELETE		ITY-S	T - ZIP	 		····	Change	Addition
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11111			,		DELETE	6.1 1		<u></u>	 			Change	Addition
NAME						6.2 N						-	1
STREET ADORESS						6.3 S	TREET	address					(
CHY-ST-74P						640	fTY-S	T-ZIP	1	·····		 	

14. I do 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 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 an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H PEFFREN HOLHANDER,

4/21/97

561-497-690

FILED

Apr 28 1997 8:00am

Secretary of State

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