

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

FILED

99 MAR -5 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # B94000000461
CEREX ADVANCED FABRICS, LIMITED PARTNERSHIP	

Mailing Address 610 OLD CHEMSTRAND ROAD CANTONMENT FL 32533	Principal Office Address 610 OLD CHEMSTRAND ROAD CANTONMENT FL 32533	3. Date Formed or Registered 11/14/1994	5a. Capital Contributions as Shown on record \$4,500,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 10/28/1997	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation DE	6. FEI Number 36-3984623
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST., SUITE 105 TALLAHASSEE FL 32301	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE 12/9/98

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s) NONWOVEN G.P., INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 610 OLD CHEMSTRAND RD	11b. City, State & Zip Code CANTONMENT FL 32533	11c. Registration/ Document Number F94000005852
1000002796011-0 -03/05/99--01067--018 ***526.25 ***526.25 543-18-99			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE James T. Walker DATE 12/9/98
Typed or Printed Name of General Partner Signing Form James T. Walker Daytime Telephone Number (850) 988-0100

CR2E003 (8/98)