

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR -4 PM 11:12

DOCUMENT # **F13569** (1)

1. Corporation Name  
**ANTON MAIX FABRICS, INC.**

Principal Place of Business Mailing Address  
~~P.O. BOX 21306~~ P.O. BOX 21306  
FT. LAUDERDALE FL 33335 FT. LAUDERDALE FL 33335  
**P.O. Box 4189** **same**  
**Deerfield, FL 33442**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/31/1980** 3a. Date of Last Report **07/15/1994**  
4. FEI Number **13-1835225** 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 **P.O. Box 4189** 26  
Suite, Apt. #, etc. 27 **F**  
City & State 28 **Deerfield, FL**  
23 Zip 29 **33442** Country 30 **U.S.A.**

9. Name and Address of Current Registered Agent  
**MAIX, ANTON**  
**630 SW 17TH ST.**  
**BOCA RATON FL 33486**

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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAIX, ANTON</b>	12 NAME	
STREET ADDRESS	<b>630 SW 17TH ST.</b>	13 STREET ADDRESS	
CITY- ST- ZIP	<b>BOCA RATON FL</b>	14 CITY- ST- ZIP	
TITLE	<b>V</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAIX, PATRICIA ANN</b>	22 NAME	
STREET ADDRESS	<b>630 SW 17TH ST.</b>	23 STREET ADDRESS	
CITY- ST- ZIP	<b>BOCA RATON FL</b>	24 CITY- ST- ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY- ST- ZIP		34 CITY- ST- ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY- ST- ZIP		44 CITY- ST- ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 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 110 (7)(3)(b), 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 applicable, or in an Attachment with an address.

SIGNATURE: **PATRICIA A. MAIX**, Sec 3/16/95 3054819747  
SIGNATURE AND TYPED OR PRINTED NAME OF FINING OFFICER OR DIRECTOR Date Day/Month/Year