FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # BUTH'S CUSTOM BEDSPREADS CORPORATION

FILED Jan 09 1998 8:00am Secretary of State

					•							
Principal Place of Business M RUTH GREER 1439 NE 13TH AVENUE FT LAUDERDALE FL 33304				Mailing Address 6329 38 AVE. C/O M. JONEIKIS KENOSHA WI 53142								
									DO NOT WRITE IN THIS SPACE			
									 Date Incorporated or Qualifit 04/28/1982 	∍d		
2. Principal P	lace of Busi	ness	2a.	Mailing Address					4. FEI Number		Aı	pplied For
21				26					59-2228793			ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional equired
City & State				City & State				6 Floring Occupation Financia	-		··-	
23				28				 Election Campaign Financin Trust Fund Contribution 	9 🗆		May Be to Fees	
Zip		Country	20	Zip	T 0	Country			This corporation owes or har			
24		25	29		30	•			Personal Property Tax due J	•		No
	9. Name	and Address of Cu		tered Agent					10. Name and Address of New	Registere	d Agent	
GR			81 Name (_			1.04 0						
		h av en ue					Street		ss (P.O. Box Number is Not Acceptable)			
FT	LAUDERD	ALE FL 33304				82				·		
						83						
						84	City				85 Zip	Code
dd Distance	to the provide	sions of Postions 607	OEO2 and E	07 1509 Florida Stat	tutos the	about	nama.	d corpo	ration submits this statement for t	F numose	of changing i	ts registered
office or r	to the provis regi s tered _s ag	gent, or both, in the S	late of Floric	da. Such change wa	s authori	zed by	the co	rporatio	on's board of directors. I hereby a	cept the a	ppointment as	registered
agent. I a	ım familiər w	ith, and accept the of	oligations of	, Section 607.0505,	Florida S	statutes	3.					
SIGNATURE	Shouble bills	d or printed name of digisterer	t anent and title	r annicable (N	OTE Benis	Inted Age	nt sionatu	e required	d when reinstating)	DATE		
12.	organia o gran	OFFICERS				3.			ADDITIONS/CHANGES TO O	FFICERS A	ND DIRECTOR	RS IN 12
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0.777 07 270	!					4 City C	1 7:D	1				

14. Thereby 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 of 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.

954.565-4444 414-657-0595