02201999-90011-004-\$150.00-\$150.00

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CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F96000002947 1. Corporation Name

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90011 004 ***150.00

MOMENTUM TEXTILES INC. Principal Place of Business Mailing Address								
Principal Plac	ce of Business	Mailing Address				- 1 (881/88 LILB IBILE BILLI ABIN BAN ABN ABN	44.00	1411 1501 1221
17801 FITCH S		17801 FITCH ST						
IRVINE CA 92714 FRVINE CA 92714						DO NOT WRITE IN THE	SPACE	
						3. Date Incorporated or Qualified		
	,					, 06/12/1996		
Principal Place of Business Za. Mailing Address						4. FEI Number	Ap	plied For
⊢ ¬	2. Filliopal Flace of Besitess					33-0580411	No	t Applicable
25 26						5, Certificate of Status Desired	\$8.75	
27						- O, Liminata M, Quality Common Land	Fee Re	
City & State City & State						Election Campaign Financing	\$5.00	•
23		28				Trust Fund Contribution	Added t	0 F685
Zφ	Country	Zip	Cour	ntry		8. This corporation owes the current year in	ytangible ⊡ Yes `	oN⊠
24	25	A V	30			Personal Property Tax: 10. Name and Address of New Registers		
	9. Name and Address of Curre	nt Registered Agent		81	Name	TU. Name and Address of New Registers	AMERIC	
	CORDODATION CVCTEM		1	"				
C T CORPORATION SYSTEM				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
1200 SOUTH PINE ISLAND ROAD			}	83				
PLA	ANTATION FL 33324			**				
i			ľ	84	City	F	85 Zb	Code
				Ц.			 	registered
agent. I SIGNATURE			Registered			oration submits this statement for the purpose on a board of directors. I hereby accept the applications of directors are proposed to the purpose of the pur		
12.		ND DIRECTORS	13.	_		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	DCP	☐ DELETE	1,1 117					_
NAME	WILKINSON, JOHN B		1,2 NA					
STREET ADDRES	1				ADORESS			
CITY-ST-ZIP	IRVINE CA 92714	☐ DELETE	1.4 CTT 2.1 TTT	_	-ZP		Change	☐ Addition
TITLE	CEO	C) pereie	2.1 M				_	
NAME	WILKINSON, JOHN B		-		ADORESS			
STREET ADORES								
CITY-S1-ZIP	IRVINE CA 927:14	☐ DELETE	2.4 CF		1- AP		Change	☐ Addition
TITLE	CFOV		3.1 III ≈ 3.2 NA					
NAME	DEHAVEN, JOANNE F		~= 34 00					
STREET ADDRES	LABORA PIPOLI OT				ACCRESS			
CITY-ST-ZIP	1		3.3 ST	REET	AOORESS			
TITLE	IRVINE CA 92714	Del ete	3.3 ST 3.4. CI	REET ITY-ST	l l		Change	Addition
	IRVINE CA 92714	DELETE	3.3 ST 2.4. CI 4.1 TII	REET ITY-ST	l l		Change	Addition
NAME	IRVINE CA 92714 S DEHAVEN, JOANNE F	DELETE.	3.3 ST 3.4.CI 4.1.TII ~ 4.2 N	REET ITY-ST ILE	T-ZIP		Change	Addition
STREET ADDRES	IRVINE CA 92714 S DEHAVEN, JOANNE F SS 17801 FITCH ST	DELETE	3.3 ST - 2.4. CI - 4.1 TII - 4.2 NV 4.3 ST	REET ITY-ST ILE — AME REET	1-ZIP ADORESS		-	
STREET ADDRES	IRVINE CA 92714 S DEHAVEN, JOANNE F 17801 FITCH ST IRVINE CA 92714	DELETE	3.3 ST 3.4.CI 4.1.TII ~ 4.2 N	REET ITY-ST ILE AME REET TY-ST	1-ZIP ADORESS		☐ Change	Addition
STREET ADDRES	IRVINE CA 92714 S DEHAVEN, JOANNE F 17801 FITCH ST IRVINE CA 92714 DVP		3.3 STI 3.4. CI 4.1 TII 4.2 NV 4.3 STI 4.4 CII	REET ITY-ST ILE TREET ITY-ST ILE	1-ZIP ADORESS		-	
STREET ADDRES CITY-ST-ZIP TITLE NAME	IRVINE CA 92714 S DEHAVEN, JOANNE F 17801 FITCH ST IRVINE CA 92714 DVP GOWDY, KATHLEEN M		3.3 STI 3.4. CI 4.1 TII 4.2 NV 4.3 STI 4.4 CII 5.1 TII 5.2 NA	REET ITY-ST AME REET IY-ST TLE ME	1-ZIP ADORESS		-	
STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES	IRVINE CA 92714 S DEHAVEN, JOANNE F 17801 FITCH ST IRVINE CA 92714 DVP GOWDY, KATHLEEN M 17801 FITCH ST		3.3 STI 3.4. CI 4.1 TII 4.2 NV 4.3 STI 4.4 CII 5.1 TII 5.2 NA	REET ITY-ST AME REET TY-ST ILE WE TREET	ADDRESS - ZIP		☐ Change	☐ Addition
STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP	IRVINE CA 92714 S DEHAVEN, JOANNE F 17801 FITCH ST IRVINE CA 92714 DVP GOWDY, KATHLEEN M 17801 FITCH ST IRVINE CA 92714		3.3 STI 3.4 CI 4.1 TII 4.2 NV 4.3 ST 4.4 CI 5.1 TII 5.2 NA 5.3 ST	REET ITY-ST ILE TREET TY-ST ILE WIE TY-ST	ADDRESS - ZIP		-	
STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE	IRVINE CA 92714 S DEHAVEN, JOANNE F 17801 FITCH ST IRVINE CA 92714 DVP GOWDY, KATHLEEN M 17801 FITCH ST IRVINE CA 92714 DV	☐ DELETE	3.3 ST 3.4 CI 4.1 TII 4.2 NV 4.3 ST 4.4 CIT 5.1 TII 5.2 NA 5.3 ST 5.4 CIT	REET ITY-ST ILE TY-ST ILE WIE TY-ST ILE TY-ST ILE TY-ST ILE	ADDRESS - ZIP		☐ Change	☐ Addition
STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP	IRVINE CA 92714 S DEHAVEN, JOANNE F 17801 FITCH ST IRVINE CA 92714 DVP GOWDY, KATHLEEN M 17801 FITCH ST IRVINE CA 92714 DV ARCINIEGA, ROGER G	☐ DELETE	3.3 ST 3.4. CI 4.1 TII 4.2 NV 4.3 ST 4.4 CII 5.1 TII 5.2 NA 5.3 ST 5.4 CI 6.1 TII 6.2 NA	REET ITY-ST TLE AME REET TY-ST TLE AME TY-ST TLE TY-ST TY-ST	ADDRESS - ZIP		☐ Change	☐ Addition

14. I 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 cath; that I am an officer or director of the corporation or the receiver or true and accurate this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if statutes.

SIGNATURE: