

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

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90040 038 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000000362

1. Corporation Name  
PILE-TUFT FABRICS, INC.

Principal Place of Business 410 JERICHO TURNPIKE JERICHO NY 11753	Mailing Address 410 JERICHO TURNPIKE JERICHO NY 11753
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/20/1998

4. FEI Number

13-5649776

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business  
21 141 COMMODORE DR.

Suite, Apt. #, etc.

22 City & State  
23 JUPITER FL.

24 Zip 33477 25 Country PALM BEACH

2a. Mailing Address  
26 141 COMMODORE DR.

Suite, Apt. #, etc.

27 City & State  
28 JUPITER FL

29 Zip 33477 30 Country PALM BEACH

9. Name and Address of Current Registered Agent

NEMSHIN, SANFORD  
141 COMMODORE DR.  
JUPITER FL 33477

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTDC	<input type="checkbox"/> DELETE
NAME	NEMSHIN, SANFORD	
STREET ADDRESS	141 COMMODORE DR.	
CITY-ST-ZIP	JUPITER FL 33477	

TITLE	VSD	<input type="checkbox"/> DELETE
NAME	NEMSHIN, CAROL	
STREET ADDRESS	141 COMMODORE DR.	
CITY-ST-ZIP	JUPITER FL 33477	

TITLE	T	<input type="checkbox"/> DELETE
NAME	NEMSHIN, SANFORD	
STREET ADDRESS	141 COMMODORE DR.	
CITY-ST-ZIP	JUPITER FL 33477	

TITLE	D	<input type="checkbox"/> DELETE
NAME	NEMSHIN, HOWARD	
STREET ADDRESS	11 DARVY DR.	
CITY-ST-ZIP	SOUTH HUNTINGTON NJ 11746	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/99 561-745-5642  
Date Daytime Phone #

CR2E034 (11/98)