

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

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90008 016 ***450.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F98000003448

1. Corporation Name
TARTAN TEXTILE SERVICES, INC.



Principal Place of Business Mailing Address
4643 E. THOMAS ROAD PHOENIX AZ 85018

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/17/1998

4. FEI Number Applied For
95-4677825 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address
21 12626 HANCOCK RD 26 333 N. Sam. Houston Pkwy E

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 200 27

City & State City & State
23 CLERMONT FL 28 HOUSTON TX

Zip Country Zip Country
24 34711 25 FLA 29 77060 30 USA

9. Name and Address of Current Registered Agent
NATIONAL REGISTERED AGENTS, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PCEO <input type="checkbox"/> DELETE
NAME	MCFALL, GEORGE E
STREET ADDRESS	4643 E. THOMAS ROAD
CITY-ST-ZIP	PHOENIX AZ 85018
TITLE	CFOS <input checked="" type="checkbox"/> DELETE
NAME	MCGLAMMY, ROBERT
STREET ADDRESS	44 NEWMANS COURT
CITY-ST-ZIP	HAMPSTEAD NY 11550
TITLE	VAT <input type="checkbox"/> DELETE
NAME	ROBINSON, ALBERT F
STREET ADDRESS	4643 E. THOMAS ROAD
CITY-ST-ZIP	PHOENIX AZ 85018
TITLE	D <input type="checkbox"/> DELETE
NAME	CROWELL, RICHARD R
STREET ADDRESS	1800 CENTURY PARK EAST, SUITE 1000
CITY-ST-ZIP	LOS ANGELES CA 90007
TITLE	D <input type="checkbox"/> DELETE
NAME	ROEDER, RICHARD K
STREET ADDRESS	1800 CENTURY PARK EAST, SUITE 1000
CITY-ST-ZIP	LOS ANGELES CA 90007
TITLE	D <input type="checkbox"/> DELETE
NAME	KRAMER, MARC A
STREET ADDRESS	1800 CENTURY PARK EAST, SUITE 1000
CITY-ST-ZIP	LOS ANGELES CA 90007

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D/PCEO/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GEORGE E MCFALL
1.3 STREET ADDRESS	333 N. SAM HOUSTON PKWY E #200
1.4 CITY-ST-ZIP	HOUSTON, TX 77060
2.1 TITLE	V/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FRANK DRANE
2.3 STREET ADDRESS	380 ALDENSHIRE PL.
2.4 CITY-ST-ZIP	ATLANTA GA 30350
3.1 TITLE	V/AT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ALBERT F. ROBINSON
3.3 STREET ADDRESS	10652 E. SAN JAYADOR
3.4 CITY-ST-ZIP	SCOTTSDALE, AZ, 85258
4.1 TITLE	V/COO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GROVER FERGUSON
4.3 STREET ADDRESS	333 N. SAM HOUSTON PKWY E, #200
4.4 CITY-ST-ZIP	HOUSTON TX, 77060
5.1 TITLE	V/CFD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GARY WALTHER
5.3 STREET ADDRESS	333 N. SAM HOUSTON PKWY E, #200
5.4 CITY-ST-ZIP	HOUSTON, TX, 77060
6.1 TITLE	V/CONTROLLER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Elizabeth Marshall
6.3 STREET ADDRESS	333 N SAM HOUSTON PKWY E, #200
6.4 CITY-ST-ZIP	HOUSTON, TX, 77060

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: Elizabeth Marshall Date: 4/2/99 Daytime Phone #: 281-716-2000

CR2E034 (1/1/98)