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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # *SAME AS 1995*
1. Corporation Name *H94982*
BFA TEXTURES, Inc.

Principal Place of Business Mailing Address
Care of
103 E. Lauren Ct. Fern Park, FL.
32730

DO NOT WRITE IN THIS SPACE

21 Principal Place of Business *103 E. Lauren Ct*
22 Suite, Apt. #, etc.
23 City & State *FERN PARK, FLORIDA*
24 Zip *32730*
25 Country
26 Mailing Address *103 E. Lauren Ct.*
27 Suite, Apt. #, etc.
28 City & State *FERN PARK, FLORIDA*
29 Zip *32730*
30 Country

3. Date incorporated or Qualified *1-1-91* 3a. Date of Last Report *APRIL 1995*
4. FEI Number *59-2717428* 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

9. Name and Address of Current Registered Agent
EDWARD G. DELUDE
DELUDE ASSOCIATES, INC.
103 E. LAUREN CT
FERN PARK, FL. 32730
407-830-4997

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE *E. G. Delude* DATE *5/25/96*
NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE <i>P.T.</i> NAME <i>Alicia A. Bush</i> STREET ADDRESS <i>103 E. Lauren Ct.</i> CITY - ST - ZIP <i>FERN PARK, FL 32730</i>
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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

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****:200.00 ***:200.00*

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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 119.07(3)(k), 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.

SIGNATURE: *Alicia A. Bush (P.T.)* DATE *4/26/96* OFFICE PHONE *(407) 830-4997*