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**Mar 17 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # J47545 (5)
1. Corporation Name
FEDERAL TEXTILE CORPORATION



Principal Place of Business: **1841 N. POWERLINE RD. POMAPNO BEACH FL 33069**
Mailing Address: **1841 N. POWERLINE RD. POMAPNO BEACH FL 33069-1201**

3. Date Incorporated or Qualified: **12/17/1986** 3a. Date of Last Report: **03/22/1996**
4. FEI Number: **06-0609598** 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

2. Principal Place of Business: **1300 S.W. 2ND STREET** 2a. Mailing Address: **(SAME AS PLACE OF BUS.)**
22. City & State: **POMPANO BEACH, FL** 27. City & State:
23. Zip: **33069** Country: **USA** 28. Zip: Country:
24. 25. 29. 30.

9. Name and Address of Current Registered Agent
**FEINBERG, MURRAY
1901 S. OCEAN BLVD.
#501
BOCA RATON FL 33432**

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: **P** DELETE
NAME: **FEINBERG, MURRAY**
STREET ADDRESS: **1901 S. OCEAN BLVD., #502**
CITY - ST - ZIP: **BOCA RATON FL**
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE: *Murray Feinberg* **MURRAY FEINBERG, PRES.** **3-11-97** **954-781-0838**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)