FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995 5-195

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

B-5927-C

APPROVED AND FILED

DOCUMENT # K41788 (6)

1. Corporation Name

SEWING STUDIO PROPERTIES, INC.

Principal Place of Business	Mailing Address
861 W MORSE BLVD.#250/ WINTER PARK. FL P.O. BOX 940658 MAITLAND FL 32794-7658	861 W MORSE BLVD.#250/ WINTER PARK. FL P.O. BOX 940658 MAITLAND FL 32794-7658

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/1988
3a. Date of Last Report: 07/05/1994
4. FEI Number: 59-2250985 — 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 21 — 2a. Mailing Address 26
Suite, Apt. #, etc. 22 — Suite, Apt. #, etc. 27
City & State 23 — City & State 28
Zip 24 — Country 25 — Zip 29 — Country 30

9. Name and Address of Current Registered Agent

BROWN, ESQ. D
200 NORTH THORNTON AVE
ORLANDO FL 32801

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 _______ DATE _______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1 1 TITLE ☐ Change ☐ Addition
NAME	MOGUL, RUTH N.	1 2 NAME
STREET ADDRESS	861 W MORSE BLVD.	1 3 STREET ADDRESS
CITY, ST, ZIP	WINTER PARK FL	1 4 CITY, ST, ZIP
TITLE	D	2 1 TITLE ☐ Change ☐ Addition
NAME	~~SALTMAN, JOHN W~~	2 2 NAME
STREET ADDRESS	~~861 W MORSE BLVD #250~~	2 3 STREET ADDRESS
CITY, ST, ZIP	~~WINTER PARK FL~~	2 4 CITY, ST, ZIP
TITLE		3 1 TITLE ☐ Change ☐ Addition
NAME		3 2 NAME
STREET ADDRESS		3 3 STREET ADDRESS
CITY, ST, ZIP		3 4 CITY, ST, ZIP
TITLE		4 1 TITLE ☐ Change ☐ Addition
NAME		4 2 NAME
STREET ADDRESS		4 3 STREET ADDRESS
CITY, ST, ZIP		4 4 CITY, ST, ZIP
TITLE		5 1 TITLE ☐ Change ☐ Addition
NAME		5 2 NAME
STREET ADDRESS		5 3 STREET ADDRESS
CITY, ST, ZIP		5 4 CITY, ST, ZIP
TITLE		6 1 TITLE ☐ Change ☐ Addition
NAME		6 2 NAME
STREET ADDRESS		6 3 STREET ADDRESS
CITY, ST, ZIP		6 4 CITY, ST, ZIP

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)(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: Ruth N. [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95 Date — 407/647-5111 Daytime Phone #

0051021 CP