FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 2:04

DOCUMENT # K53243 (7)

1. Corporation Name
FIBERSURFACES, INC.

Principal Place of Business	Mailing Address
% MICHAEL P. BIST 1300 THOMASWOOD DRIVE TALLAHASSEE FL 32312	% MICHAEL P. BIST 1300 THOMASWOOD DRIVE TALLAHASSEE FL 32312

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/22/1988
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-2924188 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip — 24 Country — 25
Zip — 29 Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BIST, MICHAEL P.
1300 THOMASWOOD DRIVE
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	Director ☐ Change ☒ Addition
NAME	WITZLEBEN, EUGENE AMADEE	1.2 NAME	MICHAEL BEIRNE
STREET ADDRESS	1112 W. KING ST.	1.3 STREET ADDRESS	160 EAST 74th STREET
CITY-ST-ZIP	QUINCY FL	1.4 CITY-ST-ZIP	NEW YORK, NY 10021
TITLE	DT	2.1 TITLE	Director ☐ Change ☒ Addition
NAME	LEWIS, JOHN R.	2.2 NAME	JOHN BRANIGAN
STREET ADDRESS	401 E. VIRGINIA ST.	2.3 STREET ADDRESS	12 CLAIRMONT AVENUE
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	MAPLEWOOD, NJ 07040
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	RADEY, JOHN A.	3.2 NAME	
STREET ADDRESS	101 N. MONROE ST. #1000	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE	DV	4.1 TITLE	☐ Change ☐ Addition
NAME	BISCHOFF, ROBERT K.	4.2 NAME	
STREET ADDRESS	1112 W KING ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	Director ☒ Change ☐ Addition
NAME	OWENBY, CARL L.	5.2 NAME	OWENBY, CARL L. DELETE
STREET ADDRESS	427 N. JACKSON ST.	5.3 STREET ADDRESS	427 N. JACKSON STREET
CITY-ST-ZIP	QUINCY FL	5.4 CITY-ST-ZIP	QUINCY, FL
TITLE	D	6.1 TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	FRIEDRICH, GARY	6.2 NAME	FREIDRICH, GARY DELETE
STREET ADDRESS	28 BARKER RD.	6.3 STREET ADDRESS	28 BARKER ROAD
CITY-ST-ZIP	STRATHAM NH	6.4 CITY-ST-ZIP	STRTHAM, NH

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: [signature] 1/27/95 (904) 627-1003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027000 OP