

8/3/1999 10:35 AM

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

AMENDED

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93 AUG -6 AM 8:19

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

PROFIT CORPORATION  
ANNUAL REPORT  
1999

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

DOCUMENT # K87064

1. Corporation Name

FABRIC COLLECTIONS, INC.

Principal Place of Business

Mailing Address

1414 SWANN AVE.  
SUITE 201  
TAMPA, FL 33606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1989

4. FEI Number

59-2957071

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible Personal  
Property Tax☒Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLANCHARD, G. ROBERT  
1414 SWANN AVE., #201  
TAMPA, FL 33606

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

1.1 TITLE PD  
1.2 NAME BLANCHARD ELIZABETH  
1.3 STREET ADDRESS 1414 SWANN AVE., SUITE 201  
1.4 CITY - ST - ZIP TAMPA, FL 33606

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

2.1 TITLE VPD  
2.2 NAME BLANCHARD, G. ROBERT  
2.3 STREET ADDRESS 1414 SWANN AVE., SUITE 201  
2.4 CITY - ST - ZIP TAMPA, FL 33606

☒ Change ☐ Addition

TITLE SD  
NAME BLANCHARD, G. ROBERT, JR  
STREET ADDRESS 1414 SWANN AVE., SUITE 201  
CITY - ST - ZIP TAMPA, FL 33606

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE DT  
NAME HARRIS, MALCOLM C.  
STREET ADDRESS 1414 SWANN AVE., SUITE 201  
CITY - ST - ZIP TAMPA, FL 33606

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE AS  
NAME ADAMS, SUSIE  
STREET ADDRESS 1414 SWANN AVE., SUITE 201  
CITY - ST - ZIP TAMPA, FL 33606

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/99

Date

(813) 251-3737

Daytime Phone #