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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L48277 1. Corporation Name SOUTHWEST QUILTED PRODUCTS, INC.

FILED Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90067 014 ***150.00



2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. FEI Number 59-2988462 3. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 4. FEI Number 59-2988462 5. Certificate of Status Desired 5. Occurrent 6. Election Campaign Financing 7. Thus Fund Contribution 7. Name and Address of New Registered Agent 8. This corporation owes the current year Intensification 8. This corporation owes the current year Intensification 8. This corporation owes the current year Intensification 9. Name and Address of New Registered Agent 8. This corporation owes the current year Intensification 9. Name and Address of New Registered Agent 8. This corporation owes the current year Intensification 9. Name and Address of New Registered A	May Be to Fees No Code
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Suite, Apt. #, etc. 27	May Be to Fees
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25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LITVAK, DAVID M 7675 CHANCELLOR DR ORLANDO FL 32809 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip 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 it office or registered agent, or both, in the State of Floida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.	a registered
UITVAK, DAVID M 7675 CHANCELLOR DR ORLANDO FL 32809 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 84 City 85 Zip 86 City 87 OFFIce or registered agent, or both, in the State of Floida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.	a registered
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agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	egistered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Change	ORS IN 12
12. OFFICERS AND DIRECTORS DELETE 1.1 TITLE	
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14. 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 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 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 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 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 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 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 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 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 indicated on this annual report or supplemental an

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