

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

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**Apr 04 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 # M85977 (0)**

1. Corporation Name  
**THE WRIGHT FABRIC SHOP, INC.**



Principal Place of Business: **6634 US 19 NEW PORT RICHEY FL 34652**  
Mailing Address: **6634 US 19 NEW PORT RICHEY FL 34652-1799**

3. Date Incorporated or Qualified: **06/17/1988**      3a. Date of Last Report: **03/12/1996**  
4. FEI Number: **59-2899752**      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** Suite, Apt. #, etc.: **26**  
City & State: **22**      City & State: **27**  
Zip: **24**      Country: **25**      Zip: **29**      Country: **30**

9. Name and Address of Current Registered Agent  
**SCUTARI, JOSEPH  
3875 LIGHTHOUSE WAY  
NEW PORT RICHEY FL 34652**

10. Name and Address of New Registered Agent  
81 Name: **ROSALIE SCUTARI**  
82 Street Address (P.O. Box Number is Not Acceptable): **7842 LEIGHTON CIRCLE**  
83  
84 City: **NEW PORT RICHEY** FL 85 Zip Code: **34654**

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: *Rosalie Scutari*      DATE: **3-6-97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>GUY, MARIANNE</b>
STREET ADDRESS	<b>6209 GLENWOOD DR</b>
CITY-ST-ZIP	<b>NEW PT. RICHEY FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>SCUTARI, ROSALIE</b>
STREET ADDRESS	<b>7842 LEIGHTON CIRCLE</b>
CITY-ST-ZIP	<b>NEW PT. RICHEY FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>GUY MARIANNE</b>
1.3 STREET ADDRESS	<b>P/S</b>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>SCUTARI, ROSALIE</b>
2.3 STREET ADDRESS	<b>VP/T</b>
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Rosalie Scutari*      DATE: **3-6-97**      813 846 4033  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)