PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUL -5 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M89327 (4)

1. Corporation Name

SPREADS 'N THREADS, INC.

Principal Place of Business	Mailing Address
101 NORTH DIXIE HWY. HALLANDALE FL 33009	101 NORTH DIXIE HWY. HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1988	3a. Date of Last Report: 03/11/1994
4. FEI Number: 65-0140682	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. [illegible] ☐	$5.00 May Be Added to Fees

21 2. Principal Place of Business
22 Suite, Apt. #, etc.
23 City & State, Zip, County 24 25

26 2a. Mailing Address
27 Suite, Apt. #, etc.
28 City & State, Zip, County 29 30

8. This corporation has solely its principle [illegible] Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

OSHINSKY, LEONARD, ESQ.
1150 E. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009

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 [illegible] Date

NOTE: Registered Agent must sign if registered agent is changed.

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	KENNEY, GARY	12 NAME		
STREET ADDRESS	101 N. DIXIE HIGHWAY	13 STREET ADDRESS		
CITY ST ZIP	HALLANDALE FL	14 CITY ST ZIP		
TITLE	S	21 TITLE		☐ Change ☐ Addition
NAME	KENNEY, KATHERINE	22 NAME		
STREET ADDRESS	101 N. DIXIE HIGHWAY	23 STREET ADDRESS		
CITY ST ZIP	HALLANDALE FL	24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

14. I (We) 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 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 added on the attachment with an (A) next to it.

SIGNATURE: GARY KENNEY 6/25/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

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