

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P03952**

(9)

1. Corporation Name

ELIZABETH WEBBING MILLS CO., INC.

Principal Place of Business

**1209 ORANGE STREET
WILMINGTON DE 19801**

Mailing Address

**1209 ORANGE STREET
WILMINGTON DE 19801**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1984

4. FEI Number

05-0310689

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 521 Roosevelt Avenue

Suite, Apt. #, etc.

2a. Mailing Address

26 PO Box 1168

Suite, Apt. #, etc.

City & State

23 Central Falls RI

Zip

24 02863

Country

25 USA

City & State

28 Pawtucket RI

Zip

29 02862

Country

30 USA

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE
NAME **LIFLAND, ELIOT**
STREET ADDRESS **300 SE 5TH AVE #4010**
CITY-STATE-ZIP **BOCA RATON FL**

TITLE **D** ☐ DELETE
NAME **SPARR, IRWIN**
STREET ADDRESS **66 FAUNCE DR**
CITY-STATE-ZIP **PROVIDENCE RI**

TITLE **T** ☒ DELETE
NAME **GOULETTE, GREGORY**
STREET ADDRESS **60 APPLE HOUSE DRIVE**
CITY-STATE-ZIP **CRANSTON RI**

TITLE **D** ☒ DELETE
NAME **FELDSTEIN, ED**
STREET ADDRESS **10 WEYBOSSET ST**
CITY-STATE-ZIP **PROVIDENCE RI**

TITLE **D** ☐ DELETE
NAME **WICKEY, ROBERT J**
STREET ADDRESS **405 LEXINGTON AVE**
CITY-STATE-ZIP **NEW YORK NY**

TITLE **D** ☒ DELETE
NAME **LANG, RONALD**
STREET ADDRESS **18 MALLARD DR**
CITY-STATE-ZIP **SHARON MA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **SAM GERSON**
3.3 STREET ADDRESS **40 WALNUT ST**
3.4 CITY-STATE-ZIP **WELLESLEY MA 02181**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **IRA INGERMAN**
4.3 STREET ADDRESS **1320 CENTENNIAL RD**
4.4 CITY-STATE-ZIP **NARBERTH PA 19072**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **RICHARD LIGHTMAN**
6.3 STREET ADDRESS **330 CONGRESS ST**
6.4 CITY-STATE-ZIP **BOSTON MA 02210**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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 Required

7-28-98
401-723-0600

CR2E034 (5/98)

FILED
Aug 12 1998 8:00am
Secretary of State

