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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P33081

(1)

FILED Mar 16 1998 8:00am Secretary of State

COATS	TRIM RESOURCES, INC.				AN ARN ARN ARN ARN AR
Principal Place	e of Business	Mailing Address		t cantifit and tites little findt fillet tillt filltift	iffite mimte baner Miftet Mibit iber
TWO LAKEPOINTE PLAZA 4135 SOUTH STREAM BLVD. CHARLOTTE NC 28217-3958		TWO LAKEPOINTE PLA 4135 SOUTH STREAM	BLVD.		V2 00 1 05
		CHARLOTTE NC 28217-3958		DO NOT WRITE IN THIS SPACE	
US		US		3. Date Incorporated or Qualified	
2 Principal P	lace of Business	2a. Mailing Address		03/08/1991 4. FEI Number	Applied For
21	RICE OF FAISH 435	26		56-1725143	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			\$8.75 Additional
12		27		5. Certificate of Status Desired	Fee Required
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23	eren er en en er	28		Trust Fund Contribution	Added to Fees
Zip	Country	Z@ 	Country	8. This corporation owes or has paid the	
4	[25] 9. Name and Address of Currer	nt Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes No
^T	CORPORATION SYSTEM	in Hofister whole	81 Name	10, maine and nadices of Hell Hellstein	or usalit
	00 S. PINE ISLAND ROAD				
	ANTATION FL 33324		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
ru	411A11014 FE 35324		83		····
					·
			B4 City	F	85 Zip Code
office or ri agent if a	egistared agent, or boin, in the state in familiar with, and accept the oblig	e of Florida. Such change was jahons of, Section 607,0505, F	authorized by the corporational statutes.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	ppointment as registered
CICNATURE	Structure, typical or partiest many of requires chara-		authorized by the corporatorida Statutes. DIE Registered Apent signature requirements.		
SIGNATURE	Stjuntere, typed or punited more of rejectored and OFFIGERS AN	rent west time if applicable (NC	DIE Flegistered Agent signature requ	julied when reinstating) DATE	
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14. I hereby cortify that the information supplied with this filling 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early that I am an officer or director of the corporation or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if anged, or on an attachment with an address.

SIGNATURE:

Š ALA

ALAN W. DEMELLO

2/20/98

704-329-5800