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Mar 31 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 # **P93000021068 (0)**
1. Corporation Name
STITCH 'N TIME SEWING MACHINE ATTACHMENTS, INC.



Principal Place of Business
**1000 E. 14 STREET
HIALEAH FL 33010**

Mailing Address
**1000 E. 14 STREET
HIALEAH FL 33010-3312**

3. Date Incorporated or Qualified
03/12/1993
3a. Date of Last Report
04/22/1996
4. FEI Number
65-0393065
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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GORSKI, WALENTI
1000 E. 14TH STREET
HIALEAH FL 33010**

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

For each change, you must file an affidavit of acceptance with this filing (if applicable)

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

101 TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
**PD
GORSKI, WALENTY
1000 E. 14TH STREET
HIALEAH FL**

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY, ST, ZIP

1.4 CITY - ST - ZIP

102

2.1 TITLE

NAME
**MT
GORSKI, LOURDES L.
1000 E 14TH ST
HIALEAH FL**

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY, ST, ZIP

2.4 CITY - ST - ZIP

103

3.1 TITLE

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY, ST, ZIP

3.4 CITY - ST - ZIP

104

4.1 TITLE

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY, ST, ZIP

4.4 CITY - ST - ZIP

105

5.1 TITLE

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY, ST, ZIP

5.4 CITY - ST - ZIP

106

6.1 TITLE

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY, ST, ZIP

6.4 CITY - ST - ZIP

107

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 a 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(President)

3/25/97 (305) 884-4547

0115396

CR2E034 (9/96)