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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000021068 (0) DOCUMENT #

STITCH 'N TIME SEWING MACHINE ATTACHMENTS, INC.

FILED Mar 27 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address				
1000 E. 14 STREET		1000 E. 14 STREET				
HIALEAH FL 33010		HIALEAH FL 33010			DO MOTIMOITE IN THE ODAGE	
					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
6 Oringinal D	tons of Divisions	Tan Markan Addison			03/12/1993	
2. Principal P	2a. Mailing Address			4. FEI Number Applied For		
21 Suite Ant	# ata	26			65-0393065 Not Applicable	
Suite, Apt.	#, OC.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22 27 City & State City & St					Fee Required	
_	9	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28	T 0: 1		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	У	e. This corporation of the paid the carrott year intangene	
24	25	29	30		Personal Property Tax due June 30. Yes No	
	Name and Address of Curre	nt Registered Agent	04		10. Name and Address of New Registered Agent	
	Prski, walenti		81	N	Name	
1000 E. 14TH STREET				82 Street Address (P.O. Box Number is Not Acceptable)		
HLA	NLEAH FL 33010					
			83	<u>ا</u> ا		
			84	╁	City 85 Zip Code	
			04	10	City FL 85 Zip Code	
11. Pursuant f	to the provisions of Sections 607.050	02 and 607 1508, Florida Statu	tes, the abov	/e-n{	re-named corporation submits this statement for the nurpose 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.						
	milaninai with, and accept the oblig	jations of, Section 607:0303, 1	ionida Sialule	15.	5.	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if annicable (NO	TF: Registered An	ent si	ent signature required when reinstating) DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	☐ DELE te	1.1 TITLE		Change Addition	
NAME	GORSKI, WALENTY		1.2 NAME		_ · _	
STREET ADDRESS	1000 E. 14TH STREET				T ADDRESS	
CITY-ST-ZIP	MIALEAH FL		1.4 CITY-1			
TITLE	MT	☐ DELETE	2.1 TITLE	31-21	Change Addition	
NAME	GORSKI, LOURDES L.		2.2 NAME			
1	1000 E 14TH ST		4		T 1000700	
STREET ADDRESS	HIALEAH FL				T ADDRESS	
CITY-ST-ZIP	MALENI FL	☐ DELE TE	2. 4 CITY-	ST-Zi		
TITLE		m nereig	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS					TADDRESS	
CITY - ST - ZIP		T	3.4. CITY-	S7-ZI		
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME	:		
STREET ADDRESS			4.3 STREET	T ADD	T ADDRESS	
CITY-ST-ZIP			4.4 CITY - 8	ST - Zif	ST - ZIP	
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	T ADD	T ADDRESS	
CITY-ST-ZIP			5.4 CITY - S			
TITLE		DELET E	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	I AUD	I ADDRESS	
CITY-ST-ZIP						
	artify that the information cumplied u	30 N	6.4 CITY - S	>1 - ZIF	SI-ZIP	

I nereby 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, from an attachment with an address.