

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000027288 (8)
1. Corporation Name

YOURS TRULY EMBROIDERY, INC.



Principal Place of Business	Mailing Address
4519 SOUTH HOPKINS AVENUE TITUSVILLE FL 32780	4519 SOUTH HOPKINS AVENUE TITUSVILLE FL 32780

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		04/12/1993	08/09/1995
Suite, Apt. #, etc		Suite, Apt. #, etc		4. FEI Number	Applied For
22		27		59-3182562	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.03, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEE, RAY 4519 SOUTH HOPKINS AVENUE TITUSVILLE FL 32780				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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. (If 211. Registered Agent's signature required when reinstating.) (FAL)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE		11 TITLE	Change Addition		
NAME	LEE, RAY			12 NAME			
STREET ADDRESS	4519 SOUTH HOPKINS AVENUE			13 STREET ADDRESS			
CITY - ST - ZIP	TITUSVILLE FL 32780			14 CITY - ST - ZIP			
TITLE	D	DELETE		21 TITLE	Change Addition		
NAME	LEE, CONNIE			22 NAME			
STREET ADDRESS	4519 SOUTH HOPKINS AVENUE			23 STREET ADDRESS			
CITY - ST - ZIP	TITUSVILLE FL 32780			24 CITY - ST - ZIP			
TITLE		DELETE		31 TITLE	Change Addition		
NAME				32 NAME			
STREET ADDRESS				33 STREET ADDRESS			
CITY - ST - ZIP				34 CITY - ST - ZIP			
TITLE		DELETE		41 TITLE	Change Addition		
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY - ST - ZIP				44 CITY - ST - ZIP			
TITLE		DELETE		51 TITLE	Change Addition		
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY - ST - ZIP				54 CITY - ST - ZIP			
TITLE		DELETE		61 TITLE	Change Addition		
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY - ST - ZIP				64 CITY - ST - ZIP			

14. I do 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Constance Lee 6/18/96 (407) 267-4099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)