FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Scoretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P93000065875	(5)

1. Corporation Name

KNIT DESIGN GROUP, INC.

·		••••	· · · · · ·
Principal	Place	of	Business

300 S PINE ISLAND RD STE 304

Mailing Address

300 S PINE ISLAND RD STE 304



PLANTATION	I FL 33324	STE 304 PLANTATION FL 33324			
A Dimini Di				3. Date Incorporated or Qualified 09/16/1993	3a. Date of Last Report 05/01/1995
21 203		2a. Mailins Address 26 203 S.W.	70th Ave	4. FEI Number 65-0437716	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 Zip	avie FL	City & State Davie	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 F	L 25 Country SA	²⁹ 33317 3	Country SO USA	8. This corporation has liability for in Florida Statutes Yes	□No
	9. Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New Re	gistered Agent
300 S P	N, JEFFREY A INE ISLAND RD	Fred ic M. Ga. Address (P.O. Box Number is Not Acceptable One Grove Villa	rvett		
STE 304			83		A .
PLANTA	TION FL 33324		84 City A	350 S.W. 27th	Ave.
	•		84 City	oconut Grove	FI 85 Zip Code
11. Pursuant t or register familiar wit	o the Arovisions of Sections 607,0502 a ed agent, or both, in the State of Florida h, and accept the obligations of, Section	nd 607.1508, Fyrigh Statutes, 1 Such change and authorized b 607.0515, Fyrigh Statutes.	the above-named co by the corporation's	rporation submits this statement for the purp board of directors. I hereby accept the appoi	
SIGNATURE	Signature, typed/or phyted name of registered agent and	_) 4	łogistered Agent signature re	Quired when renslation	DATE
12.	OFFICERS AND (DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	VADIAN ADIETTE	DELETE	1. 1 TATLE		Change Addition
NAME	KAPLAN, ARLETTE		1.2 NAME		
STREET ADDRESS	2031 SW 70TH AVE BAY C-11 DAVIE FL 33317		1.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE PL 33317		1.4 CrTY - ST - ZIP		
TITLE	WEST, ANDRE J	DELETE	2 1 TITLE	P/M	Change Addition
NAME STREET ADDRESS	2031 SW 70TH AVE BAY C-11		2 2 NAME	•	, ,
	DAVIE FL 33317		2.3 STREET ADDRESS		ł
CITY-ST-ZIP TITLE	P	Par Delete	24 CITY - ST - ZIP		
NAME	KAPLAN, DANIEL	À DELETE	3. 1 TITLE	•	Change Addition
STREET ADDRESS	2031 S.W. 70 AVE. BAY C-11		3 2 NAME		
CITY-SI-ZIP	DAVIE FL 33317		3.3 STREET ADDRESS		İ
TITLE		□ DELETE	34 CHY- S1-ZIP	65	
NAME		[] better	4 1 TITLE	S/D	Change Addition
STREET ADDRESS			4.2 NAME	West, Diana Foster	,
CITY-ST-ZIP			4.3 STREET ADDRESS	West, Diana Foster 2031 SW. 70 AVE. Ba Davie, FL 33317	y C-11
TITLE		DELETE	4.4 CITY-ST-ZIP .	Davie, FL 33317	
NAME			5.2 NAME		Change Addition
STREET ADDRESS			5.3 STREET ADDRESS	00000193) 2079
CHTY-ST-ZIP			5.4 CITY-ST-ZIP	90000 1 82 -05/15/96010	39014
TITLE		DELETE	6 1 TITLE	***200.80	Change Addition
NAME			6.2 NAME	₹₹₹₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽	□ Ausuiñe □ Wanidiùu
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			CACITY CT 710		
 I do hereby certify that t 	certify that the information supplied with	this filing is voluntarily furnished	and does not qualif	y for the exemption stated in Section 119.07	(3)(k), Florida Statutes, I further

To the early that the information supplied with this filing is voluntarily furrished 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 appears in Block 12 or Block 13 if changed, or gran attachment with an address.

SIGNATURE: _

SIGNATURE AND TYPED ON TRINFSO NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 Date

954-472-030/ Dayme Phone (