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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000082942 (2)

CAVALLINO STITCHWORKS, INC.

Principal Place	e of	Business
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Mailing Address

FILED May 02 1997 8:00am Secretary of State



1313 CENTRAL LAKE WORTH	, ter Fl 3346 0	1313 CENTRAL TER LAKE WORTH FL 33460-1835					
					3. Date incorporated or Qualified 11/29/1993	3a. Date of Last I 08/01/1996	Report
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	I A	pplied For
21 26		26			65-0449547 Not App		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u>↓</u>		5. Certificate of Status Desired S8.75 Additional		Additional
22		27			J. Certificate of Status Desired	Fee F	lequired
City & State	е	City & State			6. Election Campaign Financing		May Be
23		28	· · · · · · · · · · · · · · · · · · ·		Trust Fund Contribution		to Fees
Ziρ	Country	Zip	Coun	lry	8. This corporation has liability for i		s. 199.032,
24	25	29	30		Florida Statutes 10. Name and Address of New Reg	Yes No	
	9. Name and Address of Cur	rent Registered Agent		Name	10. Name and Address of New Re	gistered Agent	
	ICALDO, MARY K			Name			
	3 CENTRAL TER		Ī	2 Street Add	dress (P.O. Box Number is Not Acceptab	le)	
LAK	E WORTH FL 33460		-	13			
				53			
			1	64 City		FL 85 Zip	Code
office or r	to the provisions of Sections 607.0 registered agent, or both, in the St im familiar with, and accept the ob-	ate of Florida. Such change was a	authorized	by the corner:	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing I the appointment a	its registered s registered
SIGNATURE							
12,	Signature, typed or printed name of registered	AND DIRECTORS	13.	Agont signature req	uired when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTO	BS IN 12
TITLE	PD	DELETE	1.1 1111	F T	Nobilional of the state of the	Change	Addition
NAME	PANCALDO, MARY K.		1.2 NAN				
STREET ADDRESS	1426 S LAKESIDE DRIVE #	35		EET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL			1-ST-7IP			
TITLE		DELETE	2.1 7171		······································	Change	Addition
NAME			2 2 NAM			v	
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP	•		
TITLE		DELETE	31111			☐ Change	Addition
NAME			3.2 NAM	AE I			
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		DELETE	4.1 TITU			Change	Addition
NAME			4. 2 NA	ME			
STREET ADDRESS			4.3 S1F	EET ADDRESS			
CITY-ST-ZIP				7-ST-ZIP			
TITLE		DELETE	5.1 1(1)			Change	Addition
NAME			5,2 NAI	AE .			
STREET ADDRESS			5.3 STF	EET ADDRESS			
CITY-ST-ZIP				r-ST-ZiP			
TITLE		DECETE	6.1 TITI			Change	Addition
NAME			6:2 NA	AE			
STREET ADDRESS	100			EE1 ADDRESS			
CITY-ST-ZIP	14		6.4 D(T	Y-S1-ZIP			
							

. 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 an officer or director of the proporation 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 ex on an attachment with an address