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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

L	1000	and the second			0.10				
DOCUMENT # P9400006915 (0) 1. Corporation Name FABRIC SHOWPLACE, INC.									
ואטו	TIC SHOTTENCE, INC.								
Principal Place	Principal Place of Business Maiing Address						IIII Daim priii deii		AND FORDE DIST SUBS
972 ORANGE AVE 104 HIDDEN OAK WINTER PARK FL 32779 LONGWOOD FL 32779 US									
						3. Date Incorporated or Qualified 01/18/1994	3a. Date of 04	Last Re /26/1	
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Applied For	
Suite, Apt.	# etc	26				59-3222041			Not Applicable
22 City & State		Suite, Apl. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
23		City & State			Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees			
Zip [24]	Country 25	Zip 29	30	Country		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes			
	9. Name and Address of Curr	rent Registered Agent				10. Name and Address of New R	egistered Age	nt	
DREYFUS, ANDRA T 311 S. MISSOURI AVE.				81 Name					
				82	Street A	ddress (P.O. Box Number is Not Acceptab	le)		
	RWATER FL 34616			83	 				
OLL III	WATER I E OTOIO			["					
				84	City		FI 8	5 Zip	Code
11. Pursuant t or register familiar wit	to the provisions of Sections 607.05 ed agent, or both, in the State of Fkth, and accept the obligations of, Se	i02 and 607.1508, Florida S orida. Such change was aut ection 607.0505, Florida Sta	tatutes, the al horized by the tutes.	pove-r e corp	named corr oration's b	poration submits this statement for the pur loard of directors. I hereby accept the apport		ng its re istered	egistered office agent. I am
SIGNATURE .									
Signature, types or printed name of registered agent and time if applicable (NOTE: Res 12. OFFICERS AND DIRECTORS					l signature requ	Jred when reinstating)	DATE		
TITLE	D DELETE		13	1. 1 TITLE		ADDITIONS/CHANGES TO OFF	CERS AND DIF		
NAME	Dreyfus, Henry I	_		NAME	Ī			lange	☐ Addition
STREET ADDRESS	104 HIDDEN OAK		- 1		ADDRESS				
CITY - ST - ZIP	LONGWOOD FL 32779		14	1.4 CITY-ST-ZIP					
TIILE	DREYFUS, JOY D		2.1	2.1 TITLE 2.2 NAME			C	hange	Addition
NAME			2.2						
STREET ADDRESS	104 HIDDEN OAK LONGWOOD FL 32779		23	2 3 STREE1 ADDRESS					
CITY-ST-ZIP TITLE	LONGWOOD FL 32//9	F7 DEVELO		CITY - 51	- ZIP				
NAME		DELETE		TITLE			C	ange	☐ Add₁tion
STREET ADDRESS				NAME					
CITY-ST-ZIP					ADDRESS				
2-11 SI 6II			■ 34	CITY-SI	- ZIP				,

STREET ADDRESS 5.3 STREET ADDRESS CITY - S1 - ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6. 1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS E 3 STREET ADDRESS 6.4 CHY-ST-ZIP

4.1 TITLE

4.2 NAME

5 1 TITLE

5.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

DELETE

DELETE

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 cath; 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 12 if changed, or on an attachment with an address.

TITLE

NAME

THLE

NAME

STREET ADDRESS

CITY-ST-ZIP

HENRY 1. DREYFUS 4/25/56
DREMETOR Delte

Change

☐ Change

Addition

☐ Addition