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PROFIT CORPORATION ANNUAL REPORT

1999



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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90021 015 ***150.00

1. Corporation Name FABRIC SHOWPLACE, INC. Principal Place of Business Mailing Address 972 ORANGE AVE 104 HIDDEN OAK WINTER PARK FL 32779 LONGWOOD FL 32779 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualifed 01/18/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3222041 No Applicable 26 21 \$8.75 Additional Suite, F.pt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Zip Country Zip 8. This corporation owes the current year Intangible **V**Yes □No Personal Property Tax. 30 25 29 24 10. Nam∈ and Address of New Registered Agent 9. Name and Address of Current Registered Agent DREYFUS, ANDRA T Street Address (P.O. Box Number is Not Acceptable) 82 311 S. MISSOURI AVE. **CLEARWATER FL 34616** 83 84 City Zip Code 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 a ccept the obligations of, Section 607.0505, Florida Statutes. SIGNATU RE Signature, typed or printed r ame of registered ager t and title if applicable. (NO FE: Registered Agent signature required when reinstating CR2E034 (11/98) ADDIT ONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 1.1 TITLE TITLE DREYFUS, HENRY I 1.2 NAME NAME 104 HIDDEN OAK 1.3 STREET ADDRESS STREET ADDRESS LONGWOOD FL 32779 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 2.1 TITLE TITLE DREYFUS, JOY D 22 NAME NAME 104 HIDDEN OAK 2 3 STREET ADDRESS STREET ADDF ESS LONGWOOD FL 32779 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ D€LETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDF ESS 34. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDF ESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDITESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 6.1 TITLE Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDLESS 6.4 CITY-ST-ZIP

I 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 signiture 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, or on an attainment with an address, with all other like empowered.

SIGNATURE

SIGNING OFFILER OR DIRECTOR