

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY - 1 PM 1:59

DOCUMENT # **P94000008323 (5)**

ABC FABRICS MANAGEMENT CORP.

Principal Place of Business: **1313 GRAY ST TAMPA FL 33606**
Mailing Address: **1313 GRAY ST. TAMPA FL 33606**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/01/1994		3a. Date of Last Report	
4. FEI Number: 59-1756069		Applied For: <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired: <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. The corporation has liability for intangible tax under S. 199.032, 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

**COHEN, GARY
1313 GRAY ST.
TAMPA FL 33606**

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83	City	
84	State	FL
85	Zip Code	

11. Pursuant to the provisions of Sections 607.09(3) and 607.15(8), 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 607.09(3), Florida Statutes.

SIGNATURE: _____ (Name of Registered Agent) _____ (Name of Registered Agent)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: P NAME: COHEN, GARY STREET ADDRESS: 1313 GRAY ST. TAMPA FL 33606	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P NAME: COHEN, ANDREW STREET ADDRESS: 1313 GRAY ST. TAMPA FL 33606	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: COHEN, DOROTHY STREET ADDRESS: 1313 GRAY ST. TAMPA FL 33606	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

Signature of Gary Cohen

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law from (19) (3) (b) Florida Statutes. I further certify that the information included on this filing is true and accurate and that my signature shall have the same legal effect as if made under oath. This filing is effective on behalf of the corporation or the new agent of record empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 as required by law. My home or business address is _____

SIGNATURE: _____ (Signature of Signing Officer or Director) **4/26/95** **813-251-0775**