

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000008323 (5)

1. Corporation Name

ABC FABRICS MANAGEMENT CORP.



Principal Place of Business

**1313 GRAY ST.
TAMPA FL 33606**

Mailing Address

**1313 GRAY ST.
TAMPA FL 33606**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip County

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip County

29 30

3. Date Incorporated or Qualified
02/01/1994

3a. Date of Last Report
05/01/1995

4. FEI Number
59-1756069

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1502, 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 607.0602, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent for Filing

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** DELETE
NAME **COHEN, GARY**
STREET ADDRESS **1313 GRAY ST.**
CITY-STATE-ZIP **TAMPA FL 33606**

TITLE **P** DELETE
NAME **COHEN, ANDREW**
STREET ADDRESS **1313 GRAY ST.**
CITY-STATE-ZIP **TAMPA FL 33606**

TITLE **S** DELETE
NAME **COHEN, DOROTHY**
STREET ADDRESS **1313 GRAY ST.**
CITY-STATE-ZIP **TAMPA FL 33606**

TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

1. TITLE Change Addition
1. NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2. TITLE Change Addition
2. NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3. TITLE Change Addition
3. NAME
3.4 STREET ADDRESS
3.4 CITY-STATE-ZIP

4. TITLE Change Addition
4. NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5. TITLE Change Addition
5. NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6. TITLE Change Addition
6. NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied in 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 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 697, Florida Statutes, and that my name appears in Block 12 or Block 13 if change from an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96

813 251 0775

CR2E034 (12/95)