FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.DQ

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF SYATE

Sandra B Morth

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000030903 (6)

DECORATIVE FABRIC CENTER, INC.

FILED May 15 1998 8:00am Secretary of State

Principal Place of Business	Maiting Address			
757 HWY 98 E UNIT 10 DESTIN FL 32541	757 HWY 98 E UNIT 10 DESTIN FL 32541			
			DO NOT WRITE IN THIS S	SPACE
			3. Date Incorporated or Qualified 04/21/1994	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 236 HWY 98E	26 236 HWY 98E		59-3238619	Not Applicable
Suite, Apl. #, etc	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 Destin +1	City & State 28 Destin, Fl		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 32541 25 USA	29 32541 30 1	intry 45A	_	Yes No
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent	
BERGWALL, JACQUE 3757 MISTY WAY		81 Name		
DESTIN FL 32541			es (P.O. Box Number is Not Acceptable)	
		83		
•		B4 City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607.09	02 and 607.1508, Florida Statutes, the a	bove-named corpo	oration submits this statement for the purpose of	changing its registered

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 accept the obligations of, Section 607,0505, Florida Statutes.

SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature, typod or portion cares of my stered agent and little if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TOTLE DEXTER, CONNIE NAME 1.2 NAME 3333 GREANLEAF BLVD STREET ADDRESS 1.3 STREET ADDRESS **ELKHART IN** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE VON WOORHIS, JAMES NAME 2.2 NAME 3757 MISTY WAY STREET ADDRESS 2.3 STREET ADDRESS DESTIN FL 2 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition TITLE 3 1 TITLE BERGWALL, JACQUE NAME 3.2 NAME 3757 MISTY WAY STREET ADDRESS 3.3 STREET ADDRESS **DESTIN FL** CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4 1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 51 TITLE Addition NAME 52 NAME STREET ADDRESS 53 STREET ADDRESS City-ST-ZIP 5.4 CITY-ST-ZIP DELETE THILE 61 TITLE Change Addition NAME STREET ADDRESS

14. Thereby 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 corporation or the receivor 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 it chaptered or on an attachment with an address.

SIGNATURE: A ASQUELINE L. BOLLON LE

4/23/48 850 837-0495

CR2E034 (10/97)