FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
'95 FEB 21 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000034698 (8)

1. Corporation Name
UNITEX DIRECT, INC.

Principal Place of Business
5121 CHESTERSHIRE COURT
WEST BLOOMFIELD MI 48322

Mailing Address
5121 CHESTERSHIRE COURT
WEST BLOOMFIELD MI 48322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/05/1994
3a. Date of Last Report

4. FEI Number — ☑ 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. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 1353 BROOKSIDE DR.
Suite, Apt. #, etc
22
City & State
23 VENICE, FL
Zip
24 34292
Country
25

2a. Mailing Address
26 1353 BROOKSIDE DR
Suite, Apt. #, etc
27
City & State
28 VENICE, FL
Zip
29 34292
Country
30

9. Name and Address of Current Registered Agent
LIEBERMAN, RAYMOND
1353 BROOKSIDE DRIVE
VENICE FL 34292

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______ DATE

12. OFFICERS AND DIRECTORS

Field	Entry
TITLE	PRESIDENT
NAME	DANIEL MENDELSON
STREET ADDRESS	5121 CHESTERSHIRE CT
CITY ST ZIP	WEST BLOOMFIELD MI 48322
TITLE	VICE PRESIDENT
NAME	RAYMOND LIEBERMAN
STREET ADDRESS	1353 BROOKSIDE DR
CITY ST ZIP	VENICE FL 34292
TITLE	SECRETARY
NAME	DAVID LIEBERMAN
STREET ADDRESS	6085 BROOK LANE
CITY ST ZIP	WEST BLOOMFIELD, MI 48322
TITLE	TREASURER
NAME	DANIEL MENDELSON
STREET ADDRESS	5121 CHESTERSHIRE CT
CITY ST ZIP	WEST BLOOMFIELD MI 48322
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / 1 NAME / 1 STREET ADDRESS / 1 CITY ST ZIP — ☐ Change ☐ Addition
2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY ST ZIP — ☐ Change ☐ Addition
3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY ST ZIP — ☐ Change ☐ Addition
4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY ST ZIP — ☐ Change ☐ Addition
5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY ST ZIP — ☐ Change ☐ Addition
6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY ST ZIP — ☐ Change ☐ Addition

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 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 attachment with an address.

SIGNATURE: David Lieberman — 1/23/95 — 810-851-6848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DAVID LIEBERMAN