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

PROFIT



CORP ANNU	PORATION AL REPORT 996	Sandra Secreta	B. Mortham iry of State CORPORATIONS		
DOCUM 1. Corporation I	MENT # P940	000037169 (7)		
TEXTILE	E BUSINESS CONSULT	FING, INC.			
Principal Place of Business		Mailing Address	*		0 0174 0 6 780 17411 1090 1 270 10 3 1746 1011 1001
2629 STANTON HALL COURT WINDERMERE FL 34786			2629 STANTON HALL COURT WINDERMERE FL 34786		
				3. Date Incorporated or Qualified 05/17/1994	3a. Date of Last Report 03/20/1995
2. Principal Plac	ce of Business	2a. Mailing Address 26		4. FET Number 59-3252725	Applied For Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z ip Zi p	Country 25	ZID 29	Country 30	8. This corporation has lability for i	
-1	9. Name and Address of Co		81 Name	10. Name and Address of New R	egistered Agent
	NTICE-HALL CORPORATIO	N SYSTEM		ress (P.O. Box Number is Not Acceptab	lē)
1201 HA SUITE 10	ys street 05		83		
TALLAHA	ASSEE FL 32301		84 City		FL 85 Zip Code
11. Pursuant to or registere	the provisions of Sections 607. d agent, or both, in the State of	0502 and 607.1508, Florida Statute Florida. Such change was authorize	es, the above named corpored by the corporation's boa	ration submits this statement for the pur ind of directors. Thereby accept the app	pose of changing its registered office bintment as registered agent. I am
SIGNATURE		Section 607.0505, Florida Statutes			DATE
12.	Ignature, typed or printed name of registored OFFICER:	S AND DIRECTORS	lt: Higistorad Agent signature respire	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE NAME	P Watkinson, anthony	☐ DELETE	1 1 TITUE 1 2 NAME		Change Addition
STREET ADDRESS	2629 STANTON HALL C		1.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP	WINDERMERE FL	DELETE	1.4 CITY - ST ZIP		Change
TITLE NAME		_ виси	2 2 NAME		C. O.
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	2.4 CHY+S1 ZIP		Change Addition
TITLE NAME			3 1 TITLE 32 NAME		C Grisings C Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		F7 00 516	3.4 C/TY - ST - ZIP		Change C Addition
TITLE		☐ DELETE	4 1 TITLE 4.2 NAME		Change Addition
NAME STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-S1-ZIP		
TITLE		☐ DELETE	5 1 TIFLE		Change Addition
NAME			5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			5.4 CITY - \$1-7IP		
TITLE		DELETE	6 1 TALE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP]	certify that the Information sup	plied with this filing is voluntarily furn	ished 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 it made under oath; that I am an officer or director of the corporation or the receiver/or frustee 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 in attachment with an address.					
SIGNATURE: Walkinson 3/15/96 407-8-76-3891					