## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

P**R**OFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000041109 (7)

EMBROIDERY CONCEPTS, INC.

## FILED Apr 17 1998 8:00am Secretary of State



11 .2 - 98 1/m 201 1 mile

Principal Place of Business Mailing Address						I ISSIDSI IIS IBII SIBIL OBIT OBIT OBIT BUIL OBIT		
10133 POINT			10133 POINTVIEW COURT					
ORLANDO FL 32836		ORLANDO FL 32836				DO NOT WRITE IN TH	IIS SPACE	
						3. Date Incorporated or Qualified	IIO OI NOL	
						06/01/1994		
9 Principal Pl	ace of Business	2a. Mailing Address	-			4. FEI Number		pplied For
<del></del>	<b>209 01</b> D03/1033	<u></u> ⊢¬	26			59-3248871	<u> </u>	ot Applicable
Suite, Apt.	#. B1C.	Suite, Apt. #, etc.						Additional
22		27				5. Certificate of Status Desired		equired
City & State	)	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28	28			Trust Fund Contribution		to Fees
Zip	Country	Zip				8. This corporation owes or has paid the	current year in	tangible
24	25	29	30			Personal Property Tax due June 30.	Yes [	□No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Register	ed Agent	
WE	AVER, CATHY S			81	Name			
10133 POINTVIEW COURT				82	Street Add	t Address (P.O. Box Number is Not Acceptable)		
	LANDO FL 32836		62			1003 (1.0. Box Hamber 13 Not 7000ptable)		
•				83		· · · · · · · · · · · · · · · · · · ·		
					Cit.	nene	or Zin	Code
				84	City	F	L 85 Zip	COGB
11. Pursuant t	o the provisions of Sections 607.050	)2 and 607.1508, Florida Sta	tutes, the a	bove	-named cor	poration submits this statement for the purpos	e of changing i	ts 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent						ired when reinstaling) DAT	E	
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	L_] DELETE	1.1 Ti	ITLE			Change	☐ Addition
NAME	WEAVER, CATHY SUE		1.2 N	1.2 NAME				
STREET ADDRESS	10133 POINTVIEW COURT		1.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP				ITY-SI	(-ZIP			
TITLE	-		2.1 T	TLE			Change	L Addition i
NAME	CHAPMAN, WILLIAM M		2.2 NA					
STREET ADDRESS	10133 POINTVIEW COURT		2.3 \$16		ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32836		2. 4 CIT		T-ZIP			
TITLE		☐ DELETE	DELETE 3.1 Tr			·	Change	☐ Addition
NAME			3.2 N					
STREET ADDRESS			3.3 S	TREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP		T-ZIP			
TITLE		☐ DELE <b>te</b>	4.1 TI	4.1 TITLE			Change	Addition
NAME			4.21	IAME				
STREET ADDRESS			4.3 S	TREET	ADDRESS			
CITY-ST-ZIP	. <u> </u>		4.4 C	ITY-\$1	1 - 21P			
TITLE	DELETE 5.1		TLE			L. Change	☐ Addition	
NAME			5.2 N	AME				
STREET ADDRESS			5.3 S	TREET	ADDRESS			
C!TY-ST-ZIP			5.4 C	ITY - S1	I - ZIP			
TITLE		☐ DELE <b>te</b>	6.1 To	TLE			Change	Addition
NAME			6.2 N	AME		•		
STREET ADDRESS			6.3 \$	TREE1	ADDRESS			
CITY-ST-ZIP				(TY - S)				,
14 I bereby o	adily that the information complied u	th this tiling door not qualify	for the ex	ampl	ion stated in	Section 119 07(3)(i) Florida Statutes, I furthe	r certify that the	information

Indicated on this annual report or suppliemental 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 of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 13 if changed, or of an attachment with an address.

CICNIATUDE.