

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR 30 AM 7:41**

**DOCUMENT # P94000050130 (1)**

1. Corporation Name  
**MADISON TEXTILES, INC.**

Principal Place of Business      Mailing Address  
**16880 N.E. 19TH AVENUE**      **16880 N.E. 19TH AVENUE**  
**NORTH MIAMI BEACH FL 33162**      **NORTH MIAMI BEACH FL 33162**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/01/1994**      3a. Date of Last Report

4. FEI Number: **65-0502713**      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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business      2a. Mailing Address

21. Suite, Apt. #, etc.      26. Suite, Apt. #, etc.

22. City & State      27. City & State

23. Zip      Country      28. Zip      Country

24.      25.      29.      30.

9. Name and Address of Current Registered Agent  
**ROTHMAN, HOWARD**  
**16880 N.E. 19TH AVENUE**  
**NORTH MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent

81. Name: **LINDA PAUL**

82. Street Address (P.O. Box Number is Not Acceptable): **16880 N.E. 19th Avenue**

83.      .

84. City: **North Miami Beach FL**      85. Zip Code: **33162**

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: *Linda Paul*      DATE: **2/24/95**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>ROTHMAN, HOWARD</b>
STREET ADDRESS	<b>16880 N.E. 19TH AVENUE</b>
CITY - ST - ZIP	<b>NORTH MIAMI BEACH FL 33162</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>LINDA PAUL</b>
1.3 STREET ADDRESS	<b>16880 NE 19 AVENUE</b>
1.4 CITY - ST - ZIP	<b>NORTH MIAMI BEACH, FL 33162</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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)(a), 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: *Linda Paul*      DATE: **2/24/95**