

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 12: 53

DOCUMENT # P94000058685 (6)

1. Corporation Name

THREADS INC. OF FT. LAUDERDALE

Principal Place of Business

1800 NE 171ST ST
N MIAMI BEACH FL 33162

Mailing Address

1800 NE 171ST ST
N MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1994

3a. Date of Last Report

2. Principal Place of Business

21x 7041 SW 81st PLACE

2a. Mailing Address

26 Suite, Apt. #, etc.

22x Suite A

27 Suite, Apt. #, etc.

23x DAVIE FL

28 City & State

24x 333177116

25 Country

29 City

30 Country

4. FEI Number

165-0522596

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

9. Name and Address of Current Registered Agent

TRAGER, ROSS
1800 NE 171ST ST
N MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name

1000 N. HATTS ROAD

82 Street Address (P.O. Box Number is Not Acceptable)

83 City

PEMAHKE PINES

84 City

FL

85 Zip Code

33026

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/95

12. OFFICERS AND DIRECTORS

TITLE D
NAME PENCE, RON
STREET ADDRESS 13240 SW 32ND CT
CITY - ST - ZIP DAVIE FL 33330

TITLE D
NAME PENCE, DIANE
STREET ADDRESS 13240 SW 32ND CT
CITY - ST - ZIP DAVIE FL 33330

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/95 305-424-8701