FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000058685 (6)**

1. Corporation Name

THREADS INC. OF FT. LAUDERDALE

Principal Place of Business	Mailing Address
~~7041 SW 21ST PL~~ ~~STE A~~ ~~DAVIE FL 33317-7116~~ ~~US~~	~~1800 NE 171ST ST~~ ~~N MIAMI BEACH FL 33162~~

3. Date Incorporated or Qualified: **08/08/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21: 7041 SW 21st Place
22 Suite, Apt. #, etc.: Ste A.
23 City & State: Davie, Florida
24 Zip: 33317
25 Country: BrwD

2a. Mailing Address
26: 7041 SW 21 Place
27 Suite, Apt. #, etc.: Ste A.
28 City & State: Davie, Florida
29 Zip: 33317
30 Country: BrwD.

4. FEI Number: **65-0522596** ☐ 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
1000 N HIATUS RD
PEMBROKE PIENS FL 33026

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: Ron Trager DATE: 3/6/96
Signature, typed or printed name of registered agent, and title, if applicable (NOTE: Registered Agent signature required for filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PENCE, RON		1.2 NAME		
STREET ADDRESS	13240 SW 32ND CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33330		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PENCE, DIANE		2.2 NAME		
STREET ADDRESS	13240 SW 32ND CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33330		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: Ron Pence 7/29/96 954-680-3871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)