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

PROFIT CORPORATION ANNUAL REPORT

1999

FILED Mar 05, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State 03-05-1999 90007 024 ***150.00 **DIVISION OF CORPORATIONS**

DOCUMENT # P9400070690 1. Corporation Name ABC EMBROIDERY, INC.							
ADC EIVI	DNUIDENT, INC.						
Principal Place	of Business	Mailing Address		•		 	
3221 NW 10TH TERR 3221 NW 10TH TERR						•	
#507 #507					DO NOT WRITE IN THIS SPACE		
FT. LAUDERDAL	E FL 33309	FT. LAUDERDALE FL 33309			3. Date Incorporated or Qualifed	J. 7.02	
					09/26/1994		
Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
21 26					65-0522407	 	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired		Additional Required
22 27 City & State City & State					6. Election Campaign Financing	 -	0 May Be
					Trust Fund Contribution		d to Fees
Zip	Country Zip Co				8. This corporation owes the current year Inta		1
24	25	29 3	0		Personal Property Tax.	Yes	D XI No
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Registered	Agent	
PANI	GEL, JACK		01				
3221 NW 10TH TERR.			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
SUITE 507			83				
	AUDERDALE FL 33309					105 7:	- Cada
			84	City	FL	85 Zip	p Code
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida. Such change was auti	honzed by	the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint	changing i itment as	its registered registered
SIGNATURE	Signature, typed or printed name of registered ag-		<u> </u>	nt signature requir	ed when reinstating) DATE ARRIVED TO OFFICE RS. AND TO OFFICE RS	D DIDEC.	TOPE IN 12
12.	<u> </u>	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	Change	
TITLE	PST PANIGEL, JACK	·1		ļ		_ `	
NAME STREET ADORESS	3221 NW 10TH TERR			TADORESS			
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	2.1 TITLE			Chang	je 🔲 Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY-ST-ZIP		□ DELETE	2 4 CITY-	ST-ZIP		Chang	e Addition
TITLE	□ DECEIE		3.1 TITLE 3.2 NAME		•		,
NAME				T ADDRESS			
STREET ADDRESS CITY-ST-ZIP			3.4 CITY-1				
TITLE		☐ DELETE	4.1 TITLE			Chang	e Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		Chang	ge 🗀 Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME			L_I criaing	to Notition
NAME				T ADDRESS			
STREET ADDRESS			5.4 CITY-S	1			
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			Chang	ge Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	TADDRESS			
CITY-ST-ZIP			6.4 CITY-5				- I-f
4.4 I basabu s	actiful that the information cumplied i	with this filling does not qualify for t	he evenni	ni hetete noi:	Section 119.07(3)(i), Florida Statutes. I further cer	ary that th	ie intormation

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I nurrier certify that the information indicated on this annual report of 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, with all other like empowered.

Daytime Phone #