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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000086526 (8)

PSB EMBROIDERY INDUSTRIES, INC.

FILED May 12 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address			
1203 SE 9TH TERRACE CAPE CORAL FL 33990		1203 SE 9TH TERRACE CAPE CORAL FL 33990			
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	JOINOL
				11/28/1994	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	aco or boshios		790	65-0634062	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 CAPE CORAL FL		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	This corporation owes or has paid the corporation of the corporation owes or has paid the corporation owes or has paid the corporation of the	
24	25	29 33915-0790 30		Personal Property Tax due June 30.	Yes Kino
24]	9. Name and Address of Curre		1 7	10. Name and Address of New Registere	
eu	ADIDO CAMUEL	<u>-</u>	81 Name		
SHAPIRO, SAMUEL					
1820 SE 36 TERRACE CAPE CORAL FL 33904			82 Street Address (P.O. Box Number is Not Acceptable)		
UA	PE CURAL PL 33904		83		
			84 City		85 Zip Code
				F	
11. Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the State	02 and 607.1508, Florida Statutes, e of Florida. Such change was auth	the above-named corp porized by the corporal	poration submits this statement for the purpose tion's board of directors. I hereby accept the ar	of changing its registered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Florid	a Statutes	tion's board of directors. I hereby accept the ap	,
SIGNATURE					
	Signature, typed or printed name of registered as		egistered Agent signature requi		10 D D D D D D D D D D D D D D D D D D D
12.		ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AF	
TITLE	D	L.J DELETE	1.1 TITLE		Change Addition
NAME	PALUMBO, JOHN		1.2 NAME		
STREET ADDRESS	1021 SW 37 ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 THILE		Change Addition
NAME	PALUMBO, NANNETTE		2.2 NAME		
STREET ADDRESS	1021 SW 37 ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		2. 4 CITY - ST - ZIP		
TITLE	D	DELETE	3.1 THTLE		Change Addition
NAME	SHAPIRO, MAE		3.2 NAME		!
STREET ADDRESS	1820 SE 36 TERRACE		3 3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		3.4. CITY - S1 - ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SHAPIRO, SAMUEL		4. 2 NAME		
STREET ADDRESS	1820 SE 36 TERRACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		4.4 City-St-ZiP		
TITLE	VALCOUNTE I L	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME DEPET ADDRESS			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		L priese	5.4 CITY-ST-ZIP		Change Addition
TITLE	l '	DELETE	61 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY+ST-ZIP			64 CITY-ST-ZIP		

14. 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 further certify that the information indicated on this annual report or supplemental annual report is five 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 truspect propowered 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 the an attachning that it is defense.

SAMUEL SHAPIRU