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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000033136 (9)

STITCH BY STITCH, INC.

Principal Place of Business Mailing Address

FILED Apr 21 1997 8:00am Secretary of State



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|--|---|---|---|--|---|-----------------------------------|-------------------|-------------------------|---|
| 116 PALMETTO AVE SANFORD FL 32771 US | | 213 NE TRIPLET DR Casselberry FL 3270 | 213 NE TRIPLET DR CASSELBERRY FL 32707-3405 | | | · | | | |
| 00 | | | | | 3. Date Incorp 04/27/19 | porated or Qualified | | te of Last 22/199 | • |
| | ace of Business | 2a. Mailing Address | | **** | 4. FEI Numbe | | | | Applied For |
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| Suité, Apt.≢ [2] | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate | of Status Desired | | | Additional Required |
| City & State |) | City & State | | | | impaign Financing Contribution | | | O May Be d to Fees |
| Zip 24 | Country 25 | Zip 29 | Country 30 | У | 8. This corpor Florida Stat | ation has liability for i | intangible Yes | | s. 199.032, |
| | 9. Name and Address of Co | urrent Registered Agent | | | 10. Name and | Address of New Re | gistered A | Agent | |
| GAP | RNER, MICHELLE P | | 81 | Name | | | | | |
| | PALMETTO AVE FORD FL 32771 | | | | t Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | 83 | | | | | | |
| | | | 84 | City | | | FL | 85 Z | p Code |
| | | wpiligations on accitor op/, 0000, i | | :::::::::::::::::::::::::::::::::::::: | corporation submits the corporation's board of directions | | | _ | |
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I. I do 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 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 open attachment with an address.

SIGNATURE: Y MO

MATURE AND TYPED OR PRINTED MAME OF BIONING OFFICER OR DIRECTOR

4-14-97

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