

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000046323 (8)**

1. Corporation Name

**STITCH IN TIME EMBROIDERY, INC.**



Principal Place of Business

Mailing Address

9537 SADDLEBROK DRIVE  
BOCA RATON FL 33946

9537 SADDLEBROK DRIVE  
BOCA RATON FL 33946

3. Date Incorporated or Qualified

**06/15/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **Saddlebrook**

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

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

10. Name and Address of New Registered Agent

**DIEKMANN, BARBARA  
9537 SADDLEBROK DRIVE  
BOCA RATON FL 33946**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PD  
NAME: DIEKMANN, BARBARA  
STREET ADDRESS: 9537 SADDLEBROK DRIVE  
CITY-ST-ZIP: BOCA RATON FL 33946  DELETE

1 1 TITLE  
12 NAME: **saddlebrook**  Change  Addition  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE: VD  
NAME: DIEKMANN, ROBERT L. JR.  
STREET ADDRESS: 9537 SADDLEBROK DRIVE  
CITY-ST-ZIP: BOCA RATON FL 33946  DELETE

2 1 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP  Change  Addition

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:  DELETE

3 1 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  Change  Addition

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:  DELETE

4 1 TITLE: **0000017279000**  Change  Addition  
42 NAME: **-02/29/96--01044--005**  
43 STREET ADDRESS: **\*\*\*200.00**  
44 CITY-ST-ZIP

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:  DELETE

5 1 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP  Change  Addition

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:  DELETE

6 1 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP  Change  Addition

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: *Barbara Diekmann*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-96

407-883-0510

Date

Daytime Phone #

CR2E034 (12/95)

*OKB  
2/29/96*