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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000053766 (8)

**TEXTILE STRATEGIES, INC.** 

Principal Place of Business 3615 N.E. 207TH STREET SUITE 3303 AVENTURA FL 33180		Mailing Address			1 100,1160, 110 10 tot and end about about about actor actor sets 150,60 dies actor sets		
		3615 N.E. 207TH STREET					
		SUITE 3303 AVENTURA FL 33180-3818					
		ATEMIONA 1E GOLGGOODIO	ATEMIONA TE WINCOMIO		3. Date Incorporated or Qualified 3a. Date of Last Report		
<b></b>					07/05/1995	04/02/1996	
	ace of Business	2a. Mailing Address			4. FEI Number 65-0597461	<del></del>	Applied For
Suite, Apt	# etc	26			00 0097401	60.76	Not Applicable  Additional
27		<u>├</u> ─┐			5. Certificate of Status Desired	7	Required
City & State	)	City & State			6. Election Campaign Financing	\$5.0	0 May Be
23	······································	28	Country		Trust Fund Contribution		d to Fees
Zip	Country Zip			1	This corporation has liability for intengible tax under s. 199.032,     Florida Statutes		
24	25   9. Name and Address of Curr		30	***************************************	Florida Statutes  10. Name and Address of New Re		<del></del>
KI E	in, Brent D	- In the state of	81	Name	10,	, g	
	BRICKELL AVENUE		82	Chront & del	trees (D.O. Dev. Numbers in Nict Assessed	LIA\	
	TE 1901		02	Street Add	iress (P.O. Box Number is Not Acceptal	ole)	
	MI FL 33131		83				
			84	City		<b>85</b> Zi	p Code
						_ PL	
11. Pursuant to	to the provisions of Sections 607.03	502 and 607.1508, Florida Statute of Florida Such change was a	es, the abov	e-named cor	poration submits this statement for the pation's board of directors. I hereby acce	ourpose of changing of the appointment a	its registered as registered
agent La	m familiar with, and accept the obl	igations of Section 607.0505, Flo	orida Statute	S.	tion's board of directors. I hereby acce		
SIGNATURE	Signative, typed or protest harve of registered a	board and bit. It perfectles (AC)TI	F: Poniclored An	ant sinnel ye racu	ired when reinstating)	DATE	
12.		ND DIRECTORS	13.	on signature requ	ADDITIONS/CHANGES TO OFFI		ORS IN 12
TITLE	D	DELETE	1.1 TITLE			Change	
NAME	GROSS, JAMES P		1.2 NAME				
STREET ADDRESS	3615 N.E. 207TH STREET S	TE 3303	1.3 STREET	ADDRESS			
Offy-SI-ZIP	AVENTURA FL 33180		1.4 CITY - S	ST-ZIP			
TITLE		DELETE	2 1 TITLE			☐ Change	e L Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET				
CITY ST-ZIP	**************************************	PELETE	2. 4 CITY - 3.1 T(TLE	ST-ZIP		☐ Change	e Addition
NAME		precite	3.2 NAME			Last Vitalige	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STREET ADDRESS			3.3 STREET	I ADDRESS			
CITY - ST-7IP			3.4. CITY-				
THE		DELETE	4.1 T(TLE	<del></del>		Changi	e Addition
NAVE .			4. 2 NAME	1			
STREET ADDRESS			4.3 STREE	I ADDRESS			
CITY - ST - ZIP			4.4 CITY-5	ST-ZIP			
TIT, F		☐ DELETE	5 1 TITLE	]_		Change	e 🔲 Addition
NAM			5 2 NAME	ſ			
STREET ADDRESS				T ADDRESS			
CITY - SI - ZiP		DELETE	54 CITY-3	ST-ZIP		Change	e Addition
TOLE		M hereig	6 1 TITLE			∟ c⊪ang	s <u>L.,</u> ROGINON
NAME PLUCEL ADDRESS			6.2 NAME	ADDRESS			
STREET ADDRESS			6.4 CITY-5	F ADDRESS			
			y for the exe	emption state	ed in Section 119.07(3)(i), Florida Statute		
informatio	n indicated on this annual report of	r supplemental annual report is to	rue and acc	urate and tha	at my signature shall have the same leg	al effect as if made a	under oath: that
appears i	n Block 12 or 810;k 13 if changed,	or on an attachment with an add	dress.	occ mana rept	ort as required by Chapter 607, Florida	Janoico, and mat III	y name

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James P. Gross JAN 21 1997

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**FILED** 

Jan 28 1997 8:00am

Secretary of State