

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000054456 (5)

1. Corporation Name

DREAM STITCHERS, INC.



Principal Place of Business

436 E. FIFTH AVENUE
MOUNT DORA FL 32757

Mailing Address

436 E. FIFTH AVENUE
MOUNT DORA FL 32757

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
07/12/1995

3a. Date of Last Report

4. FEI Number

59-3324712

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

NARDONE, CLAIRE
4625 SLOEWOOD DRIVE
MOUNT DORA FL 32753

10. Name and Address of New Registered Agent

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

CLAIRE P. NARDONE

Claire P. Nardone

4/24/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME NARDONE, CLAIRE
STREET ADDRESS 4625 SLOEWOOD DRIVE
CITY-ST-ZIP MOUNT DORA FL 32753

TITLE D ☐ DELETE
NAME KNIPEKAMP, CAROL
STREET ADDRESS 7010 HARBOR VIEW DRIVE
CITY-ST-ZIP LEESBURG FL 34788

TITLE D ☐ DELETE
NAME FOWLER, KAREN
STREET ADDRESS 19 HILL WAY
CITY-ST-ZIP FRUITLAND PARK FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME NARDONE, CLAIRE
1.3 STREET ADDRESS 4625 SLOEWOOD DRIVE
1.4 CITY-ST-ZIP MOUNT DORA, FL 32757

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME KNIPEKAMP, CAROL
2.3 STREET ADDRESS 7010 HARBOR VIEW DRIVE
2.4 CITY-ST-ZIP LEESBURG, FL 34788

3.1 TITLE SD ☒ Change ☐ Addition
3.2 NAME FOWLER, KAREN
3.3 STREET ADDRESS 19 HILL WAY
3.4 CITY-ST-ZIP FRUITLAND PARK, FL 34731

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Claire P. Nardone

4/24/96

407-294-0404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)