

**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**

3. Date Incorporated or Qualified  
**07/12/1995**

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

**59-3324712**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing

**\$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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

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

TITLE  DELETE

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

TITLE  DELETE

NAME **D 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  Change  Addition

1.2 NAME **P D NARDONE, CLAIRE**  
1.3 STREET ADDRESS **4625 SLOEWOOD DRIVE**  
1.4 CITY-ST-ZIP **MOUNT DORA, FL 32757**

2.1 TITLE  Change  Addition

2.2 NAME **V D KNIPEKAMP, CAROL**  
2.3 STREET ADDRESS **7010 HARBOR VIEW DRIVE**  
2.4 CITY-ST-ZIP **LEESBURG, FL 34788**

3.1 TITLE  Change  Addition

3.2 NAME **S D 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)