

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

FILED  
Apr 29 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DO NOT WRITE IN THIS SPACE

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

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NARDONE, CLAIRE  
4825 SLOEWOOD DRIVE  
MOUNT DORA FL 32753

10. Name and Address of New Registered Agent

81 Name

NARDONE, CLAIRE

82 Street Address (P.O. Box Number is Not Acceptable)

4625 SLOEWOOD DRIVE

83

84 City

MOUNT DORA

FL

85 Zip Code

32757

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, President

3/12/98

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 PD  
NAME NARDONE, CLAIRE  
STREET ADDRESS 4825 SLOEWOOD DRIVE  
CITY-ST-ZIP MOUNT DORA FL

☐ DELETE

TITLE VD  
NAME KNEPKAMP, CAROL  
STREET ADDRESS 7010 HARBOR VIEW DRIVE  
CITY-ST-ZIP LEESBURG FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☒ Change ☐ Addition

2.1 TITLE VD  
2.2 NAME KNEPKAMP, CAROL  
2.3 STREET ADDRESS 7010 HARBOR VIEW DRIVE  
2.4 CITY-ST-ZIP LEESBURG, FL 34788

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

14. I 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 on an attachment with an address.

CR2E034 (10/97)