SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000065343 (2)

FILED Sep 09 1997 8:00am Secretary of State

	TEXTILE MARKETING AN	ID SALES CORP.	·					i i a 101† (101† i i a 101† (101†
Principal Place		Mailing Address						
210 JAMAICA LANE PALM BEACH FL 33480 PALM BEACH FL 33480								
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					3. Date Incorporated or Qualified	3a. D	ate of Last R	leport
					08/11/1995	0	4/19/1996	}
	ace of Business	2a. Mailing Address			4. FEI Number		·	oplied For
	Jamaica Ave.	26			65-0612370			ot Applicable
Suite, Apt. 1 22		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Fee Re	Additional equired
City & State	Beach FL	City & State			6. Election Campaign Financing			May Ele
		28	1		Trust Fund Contribution	Ц	Added	
Zip 24 334	Country USA	Zip	Country	/	8. This corporation owes or has pa		rrent year Int	tangibki 10
24 334	9. Name and Address of Curre	29 29 Agent	30		Personal Property Tax due June 10. Name and Address of New Re			MNO
WE	EKS, MRS. ROBIN A.R	int ringisterou Agent	81	Name	10. Name and Addition of North	- Sierei oa	- Agoin	
	JAMAICA LANE		82	Stroot Addr	ress (P.O. Box Number is Not Accepta	blo		
	LM BEACH FL 33480		02	Street Addi	ress (F.O. Box (volitibe) is Not Accepta	DIG)		
			83					
			84	City			85 Zip	Code
				'		FL	<u> </u>	
11. Pursuant t	o the provisions of Sections 607.050	02 and 607 1508, Florida Statu	nes, the above	e-named corp	poration submits this statement for the	purpose o	r changing it	to regionard
office or re agent. I ar SIGNATURE	o the provisions of Sections 607.056 egistered agent, or both, in the State or familiar with, and accept the obliging signature, typod or printed name of registered agents.	e of Florida. Such change was gations of, Section 607.0505, F	authorized by Iorida Statute:	y the corporat s.	poration submits this statement for the lipn's board of directors. I hereby acce	purpose o	oointment as	registered
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I do nereby certify that the information supplied with this filling coes not quality for the exemption stated in Section 119.07(3)(f), Fibrida statutes. Intriner certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that 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.

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561-845-7312