

**PROFIT
CORPORATION
ANNUAL REPORT
1996**


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

DOCUMENT # P95000067397 (6)

1. Corporation Name

**STITCHER CORPORATION COMPLETE LEATHER CARE PRODU
CTS**


Principal Place of Business

 2624 NW 2ND AVENUE
BOCA RATON FL 33431

Mailing Address

 2624 NW 2ND AVENUE
BOCA RATON FL 33431

3. Date Incorporated or Qualified

08/30/1995

3a. Date of Last Report

8/30/95

2. Principal Place of Business

21 1201 S.W. 27TH AVE

Suite, Apt. #, etc.

22

City & State

23 BOYNTON BEACH FL

Zip

24 33426

Country

25 USA

2a. Mailing Address

26 1201 S.W. 27TH AVE

Suite, Apt. #, etc.

27

City & State

28 BOYNTON BEACH FL

Zip

29 33426

Country

30 USA

4. FEI Number

65-0581935

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

**MARGOLIS, DAVID
2624 NW 2ND AVENUE
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

 81 Name **MARGOLIS DAVID**

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

1201 S.W. 27TH AVE

83

 84 City **BOYNTON BEACH**
FL

 85 Zip Code **33426**

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

DAVID W MARGOLIS

4/10/96

DATE

(If title, registered agent signature, and address are changing)

12. OFFICERS AND DIRECTORS

 TITLE **DAVID W MARGOLIS** ☐ DELETE
NAME **PRESIDENT**
STREET ADDRESS **1201 SW 27TH AVE**
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

 TITLE **VICE PRESIDENT** ☐ DELETE
NAME **MARGARET E MARGOLIS**
STREET ADDRESS **1201 SW 27TH AVE**
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

 11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

 21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

 31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

 41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

 51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

 61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this report 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:

DAVID W MARGOLIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96

DATE

407-368-2333

Telephone Phone #

CR2E034 (12/95)