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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000082150 (0)

1. Corporation Name

FLORIDA TEXTILE BROKERS, INC.

Principal Place of Business

Mailing Address

3071 N ORANGE BLOSSOM, UNIT R
ORLANDO FL 32804

3071 N ORANGE BLOSSOM, UNIT R
ORLANDO FL 32804-3455

3. Date Incorporated or Qualified

10/23/1995

3a. Date of Last Report

05/20/1996

2. Principal Place of Business

21 10525 E. Colonial DR.

Suite, Apt. #, etc.

22

City & State

23 Orlando, FL

Zip

24 32817

Country

25 Orange

2a. Mailing Address

26 1900 E. Robinson St.

Suite, Apt. #, etc.

27

City & State

28 Orlando, FL

Zip

29 32803

Country

30 Orange

4. FEI Number

59-3166592

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

MAZRAWI, JACOB
3071 N ORANGE BLOSSOM, UNIT R
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name

Mazrawi, Jacob

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

10525 E. Colonial DR.

83

84 City

Orlando

FL

85 Zip Code
32817

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

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 PST
NAME MAZRAWI, JACOB
STREET ADDRESS 3071 N ORANGE BLOSSOM, UNIT R
CITY-ST-ZIP ORLANDO FL 32804

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST
1.2 NAME Mazrawi, Jacob
1.3 STREET ADDRESS 1900 E. Robinson St.
1.4 CITY-ST-ZIP Orlando, FL 32803

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ 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 do 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.

SIGNATURE:

[Signature] Mazrawi

3/10/97

407-381-1040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0085489

CR2E034 (9/96)