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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000085307** (3)

STITCH ART CORPORATION

Principal Place of Business Mailing Address

6709 114TH AVENUE NORTH 6709 114TH AVENUE NORTH

FILED Mar 31 1997 8:00am Secretary of State



LARGO FL 346	43	LARGO FL 33773-5418								
l.					3. Date Incorporated or Qualified 11/03/1995 3a. Date of Last Re 05/14/1996					
· · · · · · · · · · · · · · · · · · ·	Place of Business	2a. Mailing Address	Mailing Address			4. FEI Number			Applied For	
21 26						59-3347654			Not Applicable	
Suite, Apt	#. etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State City & State 28						Election Campaign Financing Trust Fund Contribution				
Zip	Country	Zip	₩,	untry		8. This corporation has liability for in			rs. 199.032,	
24	25	29	30		<u> </u>		Yes [
	9. Name and Address of Curre	ent Hegistered Agent		81	Name	10. Name and Address of New Rec	jistered /	Lgeni		
	FANIDIS, VASILIOS			0	Ivame					
	9 114TH AVENUE NORTH			82	Street Addr	ess (P.O. Box Number is Not Acceptable	e)		:	
LAH	GO FL 34843			83	i					
				84	City	Magazia Martina Martin		85 Zi	ip Code	
					"	poration submits this statement for the pi	FL			
SIGNATURE	am familian with, and accept the oblining sends	agent and little if applicable	(NOTE: Register			ed when reinstating)	DATE	DIDEOT	ODO #1.40	
12.	OFFICERS A	ND DIRECTORS DELETE	13.	or e		ADDITIONS/CHANGES TO OFFIC	ERS AND	Chang		
THILE	ISTEFANIDIS, VASILIOUS	נין טנננונ				·		L Cliary	e IIII voditio	
NAME	2063 ASHBURY DRIVE			AME	ADORESS					
STREET ADDRESS	CLEARWATER FL 34624									
CHY+ST-7IP TITLE		DELETE			ST-ZIP			Chang	e Addition	
NAME				MAME						
STREET ADDRESS					ADDRESS					
CHY-SI 70°			2. 4	CITY-S	ST-ZIP					
T TLE	DELETE			3.1 TITLE		Market Control of the		Chang	e Addition	
NAME			321	NAME						
STREET AUDRESS			333	STREET	ADDRESS					
CITY - ST - ZIFI			3 4.	CITY -	ST-ZIP					
TILLF		☐ DELETE	411	IITLE				Chang	e L Addition	
MAME			4.2	NAME						
STREET ADDRESS.			4.3	STREET	ADDRESS					
CHY STAZIE		Llosuste			ST-ZIP				4.400	
Tr" LE		DELETE	1	TITLE				Chang	ge L. Addition	
N4ME				NAME						
STREET ADDRESS					r adoress	•				
CITY ST 7IF		DELETE			ST-ZIP			Chang	e Addition	
1 ILF			ŀ	TITLE				LI CHAR	ie — writiou	
NAME				NAME	1					
STREET ACCURESS	· [b.3	o i Kt.t i						
CITY ST 711			8		T ADDRESS ST-ZIP					

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 Lam an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in 8 ock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

eur regunta SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR