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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000087511 (8)

## **FILED** Mar 23 1998 8:00am Secretary of State

FABRIC	C DEPOT, INC.					
Principal Plac	ce of Business	Mailing Address			1 (000) 1000 1100 1200 1000 1000 1000 1000	18111 18 <b>8</b> 01 818 <b>9</b> 1 18881 1861 4881
10175 SOUTH DIXIE HIGHWAY 10175 SOUTH DIXIE HIGH						
MIAMI FL 33156 MIAMI FL 33156			ואזמו			
					DO NOT WRITE IN TH	IS SPACE
[					3. Date Incorporated or Qualified	
					11/14/1995	
<b>—</b>	Place of Business	2a. Mailing Address	- <del></del>		4. FEI Number	Applied For
21	B - 4	26	· · · · · · · · · · · · · · · · · · ·		65-0629513	Not Applicable
Suite, Apt	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
City & Sta	10	City & State				Fee Required
-		}		6. Election Campaign Financing	<b>\$5.00</b> May Be	
<b>23</b> Zip	Country	28 Zip	Count		Trust Fund Contribution	Added to Fees
24	25		Countr 30	y	This corporation owes or has paid the  Personal Property Toy due type 20	current year Intangible  Yes \( \sum \) No
<del>=</del>	9. Name and Address of Curre		190		Personal Property Tax due June 30.  10. Name and Address of New Registere	
1 16	PWORTH, JACK		8.	Name	14. Hanne mile Leadines At 12021 Lightstold	ve ragoni
10175 SOUTH DIXIE HIGHWAY						
	AMI FL 33156		82	Street Add	fress (P.O. Box Number is Not Acceptable)	
mı	AMI FL 33130		83			
				ĺ		
			84	City	F	85 Zip Code
11. Purguant	to the provisions of Sections 607.05	02 and 607 1509 Floride Statut	os the she	n named oor		
office or agent. La SIGNATURE			authorized b orida Statute	y the corpora is.	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	ippointment as registered
	Signature, typied or printed name of registered a			ent signature requ	ired when reinstaling) DATE	
12.	<del></del>	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	☐ DEFELE				Change Addition
NAME	LIPWORTH, JACK A		1.2 NAME			
\$TREET ADDRESS	10175 SOUTH DIXIE HIGHW	'AY	1.3 STREE	T ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		1.4 CITY-	ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE			Change Addition
NAME	LIPWORTH, ALEXANDER J		2.2 NAME			
STREET ADORESS	10175 SOUTH DIXIE HIGHW	AY	2.3 STREE	T ADDRESS		
CITY-ST-ZIP	MIAMI FL 33158		2. 4 CITY-	ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP	ļ		3.4. C/TY-	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY - ST - ZIP	ļ	<b></b>	4.4 C(TY-	ST-ZIP		
TITLE		☐ DELETÉ	5.1 TITLE	j	•	☐ Change ☐ Addition
NAME	1		5.2 NAME			
STREET ADDRESS			5.3 STREE	r address		
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	[ "		☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	ADDRESS		
CITY-ST-ZIP	}		6.4 CITY-	T-7IP		

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 and jul 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 empowering to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attail priorit with all address.

2/11/100