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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 07 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCU 1 Corporation	MENT # P95000(	090317 (5)			
	ENA SEWING CENTER, INC.				
					<u> </u>
Principal Plac	e of Business	Mailing Address			OFFI BRIOD FRIDI FIDIL IDOL IDDI
6800 GULFPO	ORT BLVD	6800 GULFPORT BLVD			
THE STATE OF THE S		SUITE 115		DO NOT WRITE IN THI	Ĉ CDACE
SOUTH PASA	ADENA FL 33707	South Pasadena FL 331	707	3. Date Incorporated or Qualified	3 31 ACE
		•		11/27/1995	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 /2/2	5- St. E.	26 12.125	5-4 St. E	59-3388024	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Commode of States Desired	Fee Required
City & Stat	T / // +	City & State  28 TREASURE L	Shud Fl	6, Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24] <i>337</i>	Country 25 U.S	Zip 29 33706	Country 30 PS	This corporation owes or has paid the operation of the personal Property Tax due June 30.	current year Intangible  Yes  No
	9. Name and Address of Current R			10. Name and Address of New Registere	d Agent
FEINBERG, SHIRLEY 81 Name					
12125 5TH STREET EAS			82 Street Ac	82 Street Address (P.O. Box Number is Not Acceptable)	
IH	EASURE ISLAND FL 33706		83		
			84 City		las I 750 Codo
				F	
office or i	registered agent, or both, in the State of I	Florida. Such change was au	thorized by the corpor	proporation submits this statement for the purpose ration's board of directors. I hereby accept the a	of changing its registered pointment as registered
•	im familiar with, and accept the obligation	ns of Section 607.0505, Flor	ida Statutes.		İ
SIGNATURE	Signature, typed or printed name of registered agent are	d trie if applicable (NOTE	Registered Agent signature red	guired when reinstalling) DATE	
12.	OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	[] DELET <b>e</b>	. 1.1 TITLE		☐ Change ☐ Addition
NAME	FEINBERG, SHIRLEY J		1.2 NAME		3
STREET ADDRESS	12125-5TH STREET EAST		1.3 STREET ADDRESS		\ <u>\</u>
CITY-ST-ZIP TITLE	TREASURE ISLAND FL 33706	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	FEINBERG, RICHARD R SR.	beene	2.2 NAME		C Shange C Addition
STREET ADDRESS	12125-5TH STREET EAST		2.3 STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISLAND FL 33706		2. 4 CITY-S7-ZIP		
TITLE	0	DELETE	31 TITLE		Change Addition
NAME	JARMON, DEBORAH		3.2 NAME		1
STREET ADDRESS	12125-5TH STREET EAST		3.3 STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISLAND FL 33706		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP		Determ	4.4 CITY - ST - ZIP		Charles Charles
TITLE		DELETE	5.1 TITLE		Change Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY - ST - ZIP 6.1 TiTLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	_		6.4 CITY-ST-ZIP		
	certify that the information supplied with t	his filing does not qualify for		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.