

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

FILED

Jun 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra A. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000023863 (9)
1. Corporation Name
THE FORT LAUDERDALE EMBROIDERY COMPANY, INC.



Principal Place of Business 2520 W OAKLAND PARK BLVD FT LAUDERDALE FL 33311	Mailing Address 2520 W OAKLAND PARK BLVD FT LAUDERDALE FL 33311-1426
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3. Date Incorporated or Qualified 03/18/1996	3a. Date Last Report NA
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2. Principal Place of Business 21 2522 West Oakland Park Blvd Suite, Apt. #, etc. 22 FT Lauderdale City & State 23 FL Zip 24 33311	2a. Mailing Address 26 2522 West Oakland Park Blvd Suite, Apt. #, etc. 27 FT Lauderdale City & State 28 FL Zip 29 33311	Country 25 Brazil 30 Puerto Rico
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4. FEI Number 65-067-5827	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent RIOLINO, KEITH M 2520 W OAKLAND PARK BLVD FT LAUDERDALE FL 33311	10. Name and Address of New Registered Agent 81 Name Mowers James 82 Street Address (P.O. Box Number is Not Acceptable) 2522 West Oakland Park Blvd 83 84 City Ft Lauderdale FL 85 Zip Code 33311
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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  6/2/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIOLINO, KEITH M	1.2 NAME	
STREET ADDRESS	2532 MIDDLE RIVER DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33305	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOWERS, JAMES W	2.2 NAME	
STREET ADDRESS	3909 N OCEAN BLVD #108	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 its 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  4/25/97

CR2E034 (9/96)