

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

FILED
Mar 24, 1997 8:00 am
Secretary of State

DOCUMENT # P96000056887 (8)

1. Corporation Name
D.A.C.K. EMBROIDERY, INC.



Principal Place of Business
3005 SE 5TH STREET
FT. LAUDERDALE FL 33316

Mailing Address
3005 SE 5TH STREET
FT. LAUDERDALE FL 33316-1601

3. Date Incorporated or Qualified 07/05/1996	3a. Date of Last Report
4. FEI Number 65-0700401	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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent COHEN, DANIEL 3005 SE 5TH STREET FT. LAUDERDALE FL 33316	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 *[Signature]* DATE 2/7/97
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
D COHEN, DANIEL 3005 SE 5TH STREET FT. LAUDERDALE FL 33316	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	1.2 NAME
	1.3 STREET ADDRESS
	1.4 CITY-ST-ZIP
	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	2.2 NAME
	2.3 STREET ADDRESS
	2.4 CITY-ST-ZIP
	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	3.2 NAME
	3.3 STREET ADDRESS
	3.4 CITY-ST-ZIP
	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	4.2 NAME
	4.3 STREET ADDRESS
	4.4 CITY-ST-ZIP
	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	5.2 NAME
	5.3 STREET ADDRESS
	5.4 CITY-ST-ZIP
	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	6.2 NAME
	6.3 STREET ADDRESS
	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 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]* DATE 2/7/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Bank Dep \$165.00
954-761-8972

CR2E034 (9/96)