## 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 # P96000095460 (7)

RICK'S SEWING AND VACUUM CENTER, INC.

**FILED** Mar 19 1998 8:00am Secretary of State



61.1.1.161	<del></del>		<del></del>	
Principal Place of Business Mailing Address				
3417 HIATUS ROAD 3417 HIATUS ROAD SUNRISE FL 33351 SUNRISE FL 33351				
OOMIOL IL		CONTROL 16 SOCT		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
······································				11/18/1996
mrs	Place of Business	2a. Mailing Address		4. FEI Number Applied For
Suito, Apt #, etc  22  City & Stato		26		<b>65-0708746</b> Not Applicable
				5. Certificate of Status Desired \$8.75 Additional
				Fee Required
3]		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Z(p)	Country	8. This corporation owes or has paid the current year Intangible
4]	25	29	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren		100,	10. Name and Address of New Registered Agent
W/	AGNER, RICHARD K	and the same	81 Name	
9150 LINE BAY BLVD #9-303 TAMARAC FL 33321			82 Street	Address (P.O. Box Number is Not Acceptable)
			02 Sileet	Address (1.20. box infiling is not vecebigate)
			63	
			84 City	gs Tin Onda
			Oily	FL 85 Zip Code
2.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<b>12.</b> TITLE	T PS	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	WAGNER, RICHARD K		1.2 NAME	C C leafe
TREET ADDRESS	9150 LIME BAY BLVD #303		1.3 STREET ADDRESS	
CITY-ST-ZIF	TAMARAC FL		1.4 CITY-ST-ZIP	
ITLE	T V	DELETE	2.1 TITLE	☐ Change ☐ Additio
IAME	WAGNER, TINA		2 2 NAME	
TREET ADDRESS	9150 LIME BAY BLVD #303		2.3 STREET ADDRESS	
HTY-ST-AP	TAMARAC FL		2. 4 CITY - ST - ZIP	
ITLE		☐ DELET€	3.1 TITLE	Change Addition
AME			3.2 NAME	
TREET ADDRESS			3.3 STREET ADDRESS	
HTY-ST-ZIP ITLE		DELETE	3.4. CITY-ST-ZIP	Change Addition
AME		C perrit	4.1 TITLE 4.2 NAME	i mange Li Addudi
STREET ADDRESS	İ		4 3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TLE		DELETE	5.1 THLE	Change Addition
IAME			5.2 NAME	
TREET ADORESS			5.3 STREET ADDRESS	
TTY - S1 - ZIP			5.4 CITY-ST-ZIP	
ITLE		DELETE	6.1 TOLE	Change Additio
AME			6.2 NAME	
TREET ADDRESS			6.3 STREET ADDRESS	
2TY - \$1 - 71P			64 CITY, ST. ZIP	

14. Thereby 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 roport or supplientiful annual roport 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 charged, or or an altarchiment with an address.

SIGNATURE: