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

FILED Mar 30 1998 8:00am Secretary of State

DOCU 1. Corporation	MENT # P9700	00046010 (9)		
	LD'S FABRICS 'N TRIM, IN			
				I LEGITERI DIE SEUR DERA ERAN ERAN ERAN ERAN ERAN ERAN ERAN E
Principal Plac	ce of Business	Mailing Address		(cookings) ten antit todait natit natit natit natit didin albit dolbi tidit dolli 1801 (1801
12918 NW 7		12918 NW 7 AVE		
NO MIAMI F	L 33168	NO MIAMI FL 33168		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				05/22/1997
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21	•	26		65-0750307 Not Applicab
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		SR 75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & Stat	te	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25		30	Personal Property Tax due June 30. 🛂 Yes 🗌 No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered Agent
	JANIÇO, MARK T		81 Name	VID H. ARNOLD
30	50 B ISCAYNE BLVD STE 400-S			ress (P.O. Box Number is Not Acceptable)
MIAMI FL 33137			Sa	17 S. W. 120 AVE.
			83	
			84 City	OPER CITY. FL 85 Zip Code 333330
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the above-named con	poration submits this statement for the purpose of changing its registered
office or r	registered agent, or both, in the States familiar with, and accept the obli	le of Florida. Such change was at	ithorized by the corporal	tion's board of directors. I hereby accept the appointment as registered
•	DOUID H- ARN		' 1 4 /	7.11. 3-25.90
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (NOTE	Registered Agent signature requi	2-25-98 red when reinstating) DATE
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELE TE	1.1 TITLE	☐ Change ☐ Addition
NAME	ARNOLD, DAVID H		1.2 NAME	
STREET ADDRESS	12918 NW 7 AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	NO MIAMI FL 33168		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	Change Addition
NAME	ARNOLD, JOANNE		2.2 NAME	
STREET ADDRESS	12918 NW 7 AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	NO MIAMI FL 33168		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	İ		3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Additio
NAME	=		4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Additio
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Additio
NAME			6.2 NAME	
STREET ADDRESS			6.3 TREET ADDRESS	
CITY-ST-ZIP			6.4 ITY+ST-ZIP	

4. I hereby certify that the information supplied with this filing does not qualify for the emption 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 a of that my signature shall have the same legal effect as if made under eath; 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.

MANAGEMENT DA CAS AS AS AS AS

16 1 11 3.25-88 305-188311