

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90042 020 ***150.00

DOCUMENT # P97000060769

1. Corporation Name

SOUTHERN SEWING PRODUCTS INC.



Principal Place of Business
110 LAKE WASHINGTON SQUARE
2447 N WICKHAM RD
MELBOURNE FL 32936

Mailing Address
P O BOX 361222
MELBOURNE FL 32936

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/11/1997

2. Principal Place of Business

21 110 LAKE WASHINGTON SQ.

2a. Mailing Address

26 P.O. Box 361222

4. FEI Number

59-3455543

Applied For

Not Applicable

22 2447 N. Wickham Rd.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 MELBOURNE, FL

28 MELBOURNE, FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 32936

29 32936

8. This corporation owes the current year intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

JONES, BEN F
110 LAKE WASHINGTON SQUARE
2447 N WICKHAM RD
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name

82 Street Address

BEN F. JONES

83

2447 N. WICKHAM RD. #148

84 City

MELBOURNE, FL 32935

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation hereby certifies that the above information is true and correct 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent sign)

4/28/99

12. OFFICERS AND DIRECTORS

TITLE P
NAME JONES, BEN F
STREET ADDRESS 2447 N. WICKHAM RD. #110
CITY-ST-ZIP MELBOURNE FL 32935

13. BEN F. JONES

1.1 TITLE
1.2 NAME 2447 N. WICKHAM RD. #148

1.3 STREET ADDRESS
1.4 CITY-ST-ZIP MELBOURNE, FL 32935

14. AND DIRECTORS IN 12

Change Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

Addition

14. I 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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-99 (407) 752-7263

CR2E034 (11/98)