**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90024 035 \*\*\*150.00

DOCUMENT # P9800035826  1. Corporation Name  MS TEXTILE, INC.	
WO TEXTILE, INO.	1804   1804   1804   1804   1804   1804   1804   1804   1804   1804   1804   1804   1804   1804   1804   180

IVIO ILA	ILL, INO				
		•			
Principal Place	e of Business	Mailing Address		- I INDIINAL IIN IBINI IBIII BOILE BUILI NOILE BU	## 11201 #flot Jaria itala anti tabi
29656 US HWY		29656 US HWY 19 NORTH			
UNIT 204		UNIT 204			
CLEARWATER F	FL 34621	CLEARWATER FL 34621		DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualifed 04/21/1998	
2. Principal P	lace of Business	2a. Mailing Address	•	4. FEI Number	Applied For
21		26		59-3505711	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		J. Commond of Challes Debret	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24 33		29 33761 30	)	Personal Property Tax.	Yes No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registere	u Agent
ΔMF	RILAWYER		I SE	LCUK SEYREK	
	ALMERIA AVENUE		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	Fi i
	AL GABLES FL 33134		83 296	656 US HWY 19 NOR	117
00	7.2 00 00 220 7 2 00 10 1		∣°°l Su	IITE * 204	
			84 City	FARULATER F	L 85 33761
			the above named com	protion submits this statement for the numose	of changing its registered
11, Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or toth, in the State of	Florida. Such change was auth	orized by the corporation	on's board of directors. I hereby accept the ap	ointment as registered
agent. I a	m familiar with, and accept the obligation	ns of, Section 607.0505, Florida	a Statutes.	1 4/6/	<i>aa</i>
SIGNATURE	Signature, typed of eginted hame of registers agent	1 Seleuk Sey	reh Fres	Ident III	77
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE	•	☐ Change ☐ Addition
NAME	SEYREK, SELCUK		1.2 NAME		
STREET ADDRESS	29656 US HWY 19 NORTH, UNI	Γ 204	1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34621 337		1.4 C/TY-ST-Z/P		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME .	_		2.2 NAME		Į
STREET ADDRESS		*	2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	,	☐ Change ☐ Addition
NAME	•		3.2 NAME	·	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		•	3.4. CITY-ST-ZIP		
TITLE		, DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		1
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	•	
STREET ADDRESS			C 2 CEDECE ADDDECC		
CITY-ST-ZIP		~	5.3 STREET ADDRESS		I
O111-01-21	,		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE			Change Addition
			5.4 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, dr on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

727-781-9226