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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000050629

TEDDY'S CUSTOM SEWING IN	IC.						
Principal Place of Business	Mailing Address	<u> </u>	1 (00):004 (1/3 (0):1/1				
721 NE 23 DR. #4 WILTON MANORS FL 33305	721 NE 23 DR. #4 WILTON MANORS FL	33305	DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 06/05/1998				
	`						
Principal Place of Business 21	2a. Mailing Address		4. FEI Number 65-084 3813				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired				
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution				
Zip Country 24 25	Zip 29 -	Country 30	8. This corporation owes the current year Intangible Personal Property Tax.				
	Current Registered Agent		10. Name and Address of New Registered Agent				
RIVERA, MARIO E		81 Name 82 Street A	oddress (P.O. Box Number is Not Acceptable)				

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90267 014 ***150.00



Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be

Added to Fees

180 SW 78TH AVE. MARGATE FL 33068			62	Sueer	Address (F.O. BOX	· · ·			
			83				,		
			84	City				FL	Zip Code
office or re	to the provisions of Sections 607.0502 and 607.1508, egistered agent, or both, in the State of Florida. Such in familiar with, and accept the obligations of, Section	cnande was autn	anzeu ov	me corp	corporation submi oration's board of o	its this statement t directors. I hereby	for the purpo accept the	appointment a	g its registered s registered
SIGNATURE		A VOTE D		l ninnatura e	equired when reinstating)		- DA	TE	
	Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS	(NOTE: Re	13.	i signatore n		ONS/CHANGES 1			CTORS IN 12
12.		DELETE	1.1 TITLE		7 0			Char	
TITLE	U .	_ Jerrie	1.2 NAME		Tabore	2. Teo	anok	E	
NAME	TABORA, TEADORA E		1.3 STREET	AUDDESS	721 118	= '23 D	r. #4		
STREET ADDRESS	721 NE 23 DR. #4		ľ		11/1/1/1	Manors	FL	3330	ත
CITY-ST-ZIP	WILTON MANORS FL 33305	☐ DELETE	1.4 CITY-ST 2.1 TITLE	· ZIP	<u> </u>	MUNIO	') 	Char	nge
mue		- Deceir						_	_
NAME			2.2 NAME	************					
STREET ADDRESS	The state of the s	· · · · . · · · · · · · · · · · · · · ·	,2,3 STREET		عصب نياريت - ب	and man - and arrest	- سټه د		•
CITY-ST-ZIP		☐ DELETE	2.4 CITY-S 3.1 TITLE	1-ZIP				☐ Char	nge \ \ Addition
TITLE		□ DEFEIE							· _
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET						
CITY-ST-ZIP		ET SELETE	3.4. CITY-S	T-ZIP				☐ Char	nge
TITLE	•	☐ DELETE	4.1 TITLE						ingo 🗀 ridamari
NAME		* 3	4. 2 NAME						
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				☐ Cha	nge 🗆 Addition
TITLE		☐ DELETE	5.1 TITLE					□ ¢na:	ilige Addition
NAME			5.2 NAME		·				
STREET ADDRESS			5.3 STREET						
CITY-ST-ZIP			5.4 CITY-S	T- ZIP					ngo 🗂 Addison
TITLE		☐ DELETE	6.1 TITLE					☐ Cha	nge 🔲 Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	TADDRESS					
CITY-ST-ZIP			6.4 CITY-\$						
4 4 I banabaa	certify that the information supplied with this filing does	s not qualify for th	e exempt	ion state	d in Section 119.0	7(3)(i), Florida Sta he same legal effa	atutes. I furth	ner certify that t le under oath: t	the information 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: