


**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90028 020 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000106429**

1. Corporation Name

**TEX-TREND HOME FASHIONS, INC.**

Principal Place of Business	Mailing Address
5981 HOLLOWES LANE DELRAY BEACH FL 33481	5981 HOLLOWES LANE DELRAY BEACH FL 33481

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/23/1998	
21		26		4. FEI Number 65-0874105	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip		Zip			
24		29			
Country		Country			
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>LABINER, PAUL S</b> <b>2255 GLADES ROAD, STE. 422A</b> <b>BOCA RATON FL 33441</b>				81	Name <b>Howard Kaplan</b>		
				82	Street Address (P.O. Box Number is Not Acceptable) <b>5981 Hollowes Lane</b>		
				83			
				84	City <b>Delray</b>	85	Zip Code <b>33481</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement 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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KAPLAN, HOWARD			1.2 NAME			
STREET ADDRESS	5981 HOLLOWES LANE			1.3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL 33481			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KAPLAN, JONI			2.2 NAME			
STREET ADDRESS	5981 HOLLOWES LANE			2.3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL 33481			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				3.2 NAME	Michael Kaplan		
STREET ADDRESS				3.3 STREET ADDRESS	33 Clinton Avenue		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	Westport, CT 06880		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**W. J. HARRIS** **4/13/99** **212 725 0518**  
 Date Daytime Phone #

CR2E034 (1/1/98)