FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

(1)

1. Corporation Name

PALM COAST EMBROIDERY, INC.

LVM	TOORST EMBRODETT, IN	···						
Principal Place of Business Mailing Address								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3780 NE 4TH AVENUE FT. LAUDERDALE FL 33334		3790 NE 4TH AVENUE FT. LAUDERDALE FL 33334						
					3. Date Incorporated or Qualified 10/11/1990		of Last Re 3/10/199	
2. Principal Place of Business		2a. Mailing Address			05 0000050		Applied For Not Applicable	
21 Suite, Apt. #, etc.		Suite, Apt. #. etc.		\$8.75 Add				
22		27		5. Certificate of Status Desired		*	Required	
City & State		City & State		6. Election Campaign Financing	<u></u>	\$5.00	May Be	
23		28		Trust Fund Contribution			to Fees	
Zip	ip Country		Country		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☑ Yes ☐ No No.			
24	25	29	[30]		Α		A	
	9. Name and Address of Curre	ent Registered Agent	81	Name	10. Name and Address of New F	registered a	Agent	
MAI PA	MNE (OALI		[31					
	ITINE, JOAHL NE 4TH AVE		82 Street Add		ress (P.O. Box Number is Not Acceptate	ole)		
FT LAUDERDALE FL 33334								
			84	City		FL	85 Z ₁ C	Code
or regist	t to the provisions of Sections 607.05 ered agent, or both, in the State of Flo with, and accept the obligations of, Se	rida. Such change was aut	norized by the corp	L named corpo loration's boa	iration submits this statement for the pu ard of directors. Thereby accept the app	roose of cha	anging its re registered	egistered office agent. I am
SIGNATURE	, ,	Clion 607.0000, Florida Sta	iutes.					
	Signature, typed or perited name of registered ag-		the Heapstered Age	4 signature require		DATE	CDUCO10	00.101.40
12.	OFFICERS A	ND DIRECTORS DELETE	13. 1 1 TITLE		ADDITIONS/CHANGES TO OFF		Change	Addition
TITLE	VALENTINE, JOAH L.	C Detail	1.2 NAME			L	Gridings	
STREET ADDRESS 1481 SW 25TH AVE				T ADDRESS				
	DEERFIELD BEACH FL		1.3 STREE 1.4 CITY-					İ
CITY - \$T - ZIP TITLE	DECINIED OF WITTE	☐ DELETE	2 1 TITLE	31 - ZIr		[Change	Addition
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NAME			4.2 NAME					
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CITY-ST-ZIP			4 4 CiTY-	ST- <i>2</i> 16				
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TITLE		DELETE				ĺ	Change	☐ Addition
NAME			62 NAME					
STREET ADDRES	S	4	6 3 STREE	T AODRESS				
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes. 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

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954)

Dayson Printer.