

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:15

DOCUMENT # S21075

(4)

1. Corporation Name

MAGGI'S FOR FINE FABRICS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

405 S. FEDERAL HIGHWAY
BOCA RATON FL 33432

Mailing Address

405 S. FEDERAL HIGHWAY
BOCA RATON FL 33432

REMITTED BY MAY 1
DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

3. Date Incorporated or Qualified

12/18/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0244064

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under S. 195.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DIETZ, CONSUELO
901 N. W. 11TH COURT
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
21593 Altamira Avenue

83

84 City

FL

85 Zip Code

33433

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 of appointment

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	DIETZ, CONSUELO
STREET ADDRESS	901 N. W. 11TH COURT
CITY - ST - ZIP	BOCA RATON FL
TITLE	V
NAME	SNOTHERLY, D. SUSAN
STREET ADDRESS	4803-B WALLEDA DR
CITY - ST - ZIP	RALEIGH NC
TITLE	S
NAME	HOLTON, D. JULIE
STREET ADDRESS	109 FEATHER EDGE LOOP
CITY - ST - ZIP	LAKE MARY FL
TITLE	T
NAME	DIETZ, THOMAS
STREET ADDRESS	901 N. W. 11TH COURT
CITY - ST - ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	☒ Change ☐ Addition
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	21593 Altamira Avenue
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	991 Highpoint Loop
3.4 CITY - ST - ZIP	Longwood, FL
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	21593 Altamira Avenue
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

5/10/95

Date

407-395-5734

Telephone #